----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,922 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

62,610 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UNI PER UNIT/DAY PE		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,060	3,396 \$	58,744.95	\$ 17.30	.054 \$	55.42	\$.94
DIAGNOSTIC AND ANC. PROCED	133	136	5,792.76	42.59	.002	43.55	.09
EYE APPLIANCES	878	3,004	47,667.15	15.87	.048	54.29	.76
OTHER OPTOMETRIC SERVICES	162	256	5,285.04	20.64	.004	32.62	.08
@CHIROPRACTOR	3	7 \$	51.35	\$ 7.34	.000 \$	17.12	
VISITS	ĺ	2	32.54	16.27	.000	32.54	.00
OTHER SERVICES	2	5	18.81	3.76	.000	9.41	.00
@PODIATRIST	609	983 \$	10,323.23	\$ 10.50	.016 \$	16.95	
MEDICINE/INJECTIONS	12	20	430.70	21.54	.000	35.89	.01
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	597	962	9,881.53	10.27	.015	16.55	.16
@HOME HEALTH AGENCY	5	41 \$	2,864.07	\$ 69.86	.001 \$	572.81	\$.05
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	15	24 \$	582.23	\$ 24.26	.000 \$	38.82	\$.01
@TOTAL HOSPITAL	3,951	19,855 \$	3,671,657.00	\$ 184.92	.317 \$	929.30	\$ 58.64
HOSP INPATIENT TOTAL	768	4,093	3,353,452.18	819.31	.065	4366.47	53.56
HSC HOSPITALS	240	1,271	1,180,639.81	928.91	.020	4919.33	18.86
NON-HSC HOSPITAL TOTAL	211	1,054	1,885,035.94	1788.46	.017	8933.82	30.11
ACCOMMODATIONS	211	1,054	530,626.41	503.44	.017	2514.82	8.48
ADMINISTRATIVE DAYS	41	165	27,492.48	166.62	.003	670.55	.44
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	177	889	503,133.93	565.95	.014	2842.56	8.04
ANCILLARIES	209	0	1,354,409.53	.00	.000	6480.43	21.63
INPATIENT CROSSOVERS	331	1,768	287,776.43	162.77	.028	869.42	4.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,313	15,762	318,204.82	20.19	.252	96.05	5.08
MEDICAL	56	89	4,190.09	47.08	.001	74.82	.07
SURGERY	21	23	2,009.11	87.35	.000	95.67	.03
PATHOLOGY	106	492	5,240.17	10.65	.008	49.44	.08
RADIOLOGY	63	132	8,947.13	67.78	.002	142.02	.14
ROOM USE	76	95	3,325.97	35.01	.002	43.76	.05
CROSSOVERS/ALL OTH OUTPTNT		14,931	294,492.35	19.72	.238	92.78	4.70
@COUNTY HOSPITAL TOTAL	137	671 \$	359,774.60	\$ 536.18			\$ 5.75
CO HOSPITAL INPATIENT TOTAL		474	355,625.75	750.27	.008	4559.30	5.68
HSC HOSPITALS	65	354	346,307.91	978.27	.006	5327.81	5.53
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	120	9,317.84	77.65	.002	716.76	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	60	197	4,148.85	21.06	.003	69.15	.07
MEDICAL	9	14	573.44	40.96	.000	63.72	.01
SURGERY	1	8	175.36	21.92	.000	25.05	.00
PATHOLOGY RADIOLOGY	4	17	203.14	11.95	.000	33.86	.00
	14	6 20	637.77 897.94	106.30 44.90	.000	159.44	.01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	47	132	1,661.20	12.58	.000 .002	64.14 35.34	.01 .03
			· · · · · · · · · · · · · · · · · · ·				
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAIMENT R.	EFORT FOR UAIN 2003	TIMO DEC	2003	PAGE 1,923 01/29/04
CONTRA COSTA COUNT		ILLES FOR CASH GRANT	- AGED	AID CODE 10			01/29/04
22			3		MONT	HLY AVERA	GE
62,610 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNI	TS/DAYS (COST PER	COST PER

			_		DEI) IINITEE / D 7 37	. DED ELIC	,	HOED		EL TOTRI E
@COMMUNITY HOSPITAL TOTAL	3,822	OR DAYS OF CARE	ե \$	3,311,882.40	\$	172.64	PER ELIG		USER 866.53	\$	ELIGIBLE 52.90
COMM HOSP INPATIENT TOTAL	692	3,619	Ą	2,997,826.43	Ą	828.36	.058	Ą	4332.12	Ą	47.88
HSC HOSPITALS	176	917		834,331.90		909.85	.015		4740.52		13.33
NON-HSC HOSPITALS TOTAL	211	1,054		1,885,035.94		1788.46	.013		8933.82		30.11
	211	1,054		530,626.41		503.44	.017		2514.82		8.48
ACCOMMODATIONS ADMINISTRATIVE DAYS	41	1,054		27,492.48		166.62	.003		670.55		.44
	0	102									
TRANSITIONAL IP CARE	177	889		.00		.00	.000		.00		.00
ALL OTHER ACCOM	209	0		503,133.93		565.95	.014		2842.56		8.04
ANCILLARIES	318			1,354,409.53		.00	.000		6480.43		21.63
INPATIENT CROSSOVERS		1,648		278,458.59		168.97	.026		875.66		4.45
ALL OTHER INPATIENT	0	15 565		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,257	15,565		314,055.97		20.18	.249		96.42		5.02
MEDICAL	47	75 15		3,616.65		48.22	.001		76.95		.06
SURGERY	14	15		1,833.75		122.25	.000		130.98		.03
PATHOLOGY	100	475		5,037.03		10.60	.008		50.37		.08
RADIOLOGY	59	126		8,309.36		65.95	.002		140.84		.13
ROOM USE	62	75		2,428.03		32.37	.001		39.16		.04
CROSSOVERS/ALL OTH OUTPTNT	·	14,799		292,831.15		19.79	.236		93.56	_	4.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	_	.00
@NURSING FACILITY	1,205	32,562	\$	4,567,475.04	\$	140.27	.520	\$	3790.44	\$	72.95
LEV A-INTERMEDIATE	9	349		27,594.60		79.07	.006		3066.07		. 44
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		./		2,600.08		371.44	.000		2600.08		.04
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,195	32,206		4,537,280.36		140.88	.514	4.	3796.89		72.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	384	466	\$	214,282.68	\$	459.83	.007	\$	558.03	\$	3.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	384	466		214,282.68		459.83	.007		558.03		3.42
@REHABILITATION FACILITY	2	3	\$	86.79	\$	28.93		\$	43.40	\$.00
HOSPITAL BASED	2	3		86.79		28.93	.000		43.40		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	121	374	\$	4,217.52	\$	11.28	.006	\$	34.86	\$.07
PATHOLOGY	74	298		3,674.52		12.33	.005		49.66		.06
XO AND OTHERS	47	76		543.00		7.14	.001		11.55		.01
@ORGANIZED OUTPATIENT CLINIC	7,548	13,152	\$	1,984,741.66	\$	150.91	.210	\$	262.95	\$	31.70
CLINIC	162	404		11,443.96		28.33	.006		70.64		.18
SURGICENTER	67	95		11,398.75		119.99	.002		170.13		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,358	12,653		1,961,898.95		155.05	.202		266.63		31.34
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RI	EPOR'	r for Jan	2003 THRU	DEC	2003	P	PAGE 1,924
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CASH G	RANT	- AGED		AID CODE	10				
									HLY AVERA		
62,610 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,951	1,836,435	\$	1,545,226.84	\$.84	29.331	\$	222.30	\$	
DURABLE MED. EQUIP.	247	861		42,478.87		49.34	.014		171.98		.68
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	93	103		64,712.45		628.28	.002		695.83		1.03
MEDICAL TRANSPORTATION	462	35,836		155,338.30		4.33	.572		336.23		2.48
AMBULANCES/AIR TRANS	100	1,023		12,321.08		12.04	.016		123.21		.20
OTHER TRANS	344	34,555		141,474.93		4.09	.552		411.26		2.26

OTHER SERVICES	33	258	1,542.29	5.98	.004	46.74	.02
ACUPUNCTURE	515	2,013	35,265.57	17.52	.032	68.48	.56
ADULT DAY HEALTH CARE CTR	646	7,694	533,862.96	69.39	.123	826.41	8.53
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	239	2,309	181,604.99	78.65	.037	759.85	2.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,524	3,965	48,901.53	12.33	.063	32.09	.78
PHYSICAL THERAPIST	3	9	78.65	8.74	.000	26.22	.00
PORTABLE X-RAY	48	77	218.27	2.83	.001	4.55	.00
PROSTHETIST/ORTHOTISTS	165	408	12,831.61	31.45	.007	77.77	.20
PROSTHETICS	162	403	12,405.97	30.78	.006	76.58	.20
ORTHOTICS	3	5	425.64	85.13	.000	141.88	.01
PSYCHOLOGIST	4	8	80.59	10.07	.000	20.15	.00
SPEECH AND AUDIOLOGY	255	565	60,020.04	106.23	.009	235.37	.96
HOSPICE SERVICES	48	803	121,282.39	151.04	.013	2526.72	1.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	25.89	12.95	.000	12.95	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,416	1,781,781	288,419.73	.16	28.458	84.43	4.61
@CALIF. CHILDREN SERVICES*	5	9	\$ 1,263.80	\$ 140.42	.000	\$ 252.76	\$.02
@XOVER EXCLUDING STATE HOSP**	12,030	133,882	\$ 1,475,399.37	\$ 11.02	2.138	\$ 122.64	\$ 23.56

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CASH GRANT - BLIND CONTRA COSTA COUNT AID CODE 20

----- MONTHLY AVERAGE -----5,010 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,090,882.15 3,574 299,643 \$ \$ 10.32 59.809 \$ 864.82 \$ 616.94 @TOTAL, ALL PROVIDERS .856 \$ 120.99 \$ 938 938 4,288 \$
449 709
302 443
16 20
133 177
0 0 6
4 6
43 63
69 392
65 375
7 10
4 7
51 77
51 77
0 0 31
18 28 4,288 113,492.85 \$ \$ 26.47 .856 41.25 .142 31.97 .088 37.37 .004 68.41 .035 .00 .000 82.42 .001 27.49 .013 44.98 .078 43.20 .075 121.60 .002 30.63 .001 41.70 .015 41.70 .015 26.47 @PHYSICIANS SERVICES 22.65 OUTPATIENT VISITS 29,245.28 65.13 5.84 OFFICE VISITS 14,163.16 46.90 2.83 46.71 HOME VISITS 747.40 .15 12,108.06 EMERGENCY ROOM 91.04 2.42 .00 .00 PREVENTIVE CARE .00 123.64 40.28 494.54 .10 OB VISITS/COMPRE PERI OTHER OUTPATIENT 1,732.12 .35 INPATIENT VISITS 17,631.08 255.52 3.52 16,200.68 249.24 HOSPITAL VISITS 3.23 173.71 .24 CRITICAL CARE 1,216.00 SNF/ICF/TRANS IP CARE 214.40 53.60 .04 OPHTHALMOLOGICAL SERVICES 3,211.22 62.97 3,211.22 62.97 EXAMINATIONS .00 47.92 242.98 122.49 15.25 88.05 136.34 131.24 SERVICES AND MATERIALS .00 .000 .00 .00 31 18 9,823.65 INPATIENT HOSPITAL SURGERY .041 316.89 1.96 PRINCIPAL SURGEON 28 6,803.30 .006 377.96 1.36 ASSISTANT SURGEON 367.46 .001 122.49 .07 11 66 56 1 ANESTHESIOLOGIST 174 2,652.89 .035 241.17 .53 OUTPATIENT SURGERY 149 13,119.79 .030 198.78 2.62 85 PRINCIPAL SURGEON 11,588.80 .017 206.94 2.31 131.24 ASSISTANT SURGEON 1 131.24 .000 .03 22.22 79.44 3.07 40.69 .00 .013 63 127.25 ANESTHESIOLOGIST 1,399.75 .28 DIALYSIS 25 89 7,069.86 .018 282.79 1.41 2,120.48 PATHOLOGY 84 691 .138 25.24 .42 138 319 12,979.50 RADIOLOGY .064 94.05 2.59 **PSYCHIATRY** 0 0 .00 .000 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	10	12		221.45		18.45	.002		22.15		.04
OTHER SERVICES/ALL X-OVERS @PHARMACY	451 2,805	1,645 72,251	\$	18,070.54 1,067,336.17	Ś	10.99 14.77	.328 14.421	Ś	40.07 380.51	\$	3.61 213.04
PRESCRIPTION DRUGS	2,726	11,309	τ	992,010.50	٣	87.72	2.257	τ	363.91	τ	198.01
SNF/ICF	97	555		31,868.75		57.42	.111		328.54		6.36
OUTPATIENTS	2,647	10,754		960,141.75		89.28	2.147		362.73		191.65
MEDICAL SUPPLIES	536	60,942		75,325.67		1.24	12.164		140.53		15.04
@DENTIST	242	997	\$	40,322.63	\$	40.44	.199	\$	166.62	\$	8.05
VISITS - DIAGNOSTIC	159	644		8,231.00		12.78	.129		51.77		1.64
ORAL SURGERY	30	75		4,125.00		55.00	.015		137.50		.82
DRUGS	1	1		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.04
PERIODONTICS	22	23		3,555.00		154.57	.005		161.59		.71
ENDODONTICS	10	13		2,781.00		213.92	.003		278.10		.56
RESTORATIVE DENTISTRY	63	160		11,670.25		72.94	.032		185.24		2.33
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.01

DENTURES, STAYPLATES	29	53	8,760.38	165.29	.011	302.08	1.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	890.00	222.50	.001	445.00	.18
ALL OTHER SERVICES	10	19	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 1,926
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES F	OR CASH GRANT	Γ - BLIND	AID CODE	20		
					M	MONTHLY AVERAG	GE
E 010							~~~

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CASH O	RANT -	BLIND		AID CODE	20			
							MO	NTHLY AVERA	AGE	
5.010 ELIGIBLES	USERS	UNITS OF SERVIC	lE.	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
-,	0.0	OR DAYS OF CAR	H :		PEI	R IINTT/DAY	PER ELIG	IISER		ELIGIBLE
@OPTOMETR I ST	65	161	Ġ	5 518 07	ġ.	34 27	032	\$ 84 89	Ś	1 10
DIACNOSTIC AND ANC DROCED	25	27	¥	1 232 72	٧	45 66	005	49 31	Y	25
EVE ADDITANCES	13	111		2 /50 /6		31 16	003	8U 43		69
OTHER ORTOMETRICES	15	7.7		926 90		25 05	005	55 12		17
OTHER OPTOMETRIC SERVICES	10	∠ 3 1 7	Ċ	020.09	٠,	33.93	.005	20.13	4	. 1 /
@CHIROPRACIOR	10	17	Þ	284.24	Ş	16.72	.003	28.42	Ş	.06
VISITS	10	1 /		284.24		16.72	.003	28.42		.06
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	82	187	Ş	2,300.16	Ş	12.30	.037	\$ 28.05	Ş	.46
MEDICINE/INJECTIONS	40	42		1,020.80		24.30	.008	25.52		.20
SURGERY/ANES.	3	4		84.79		21.20	.001	28.26		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	42	141		1,194.57		8.47	.028	28.44		.24
@HOME HEALTH AGENCY	36	2,936	\$	91,219.01	\$	31.07	.586	\$ 2533.86	\$	18.21
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	. 00	. 000	· .00	Š	. 0.0
FAMILY NURSE PRACTITIONER	0	0	Š	0.0	Š	0.0	000	Š 00	Š	0.0
@TOTAI, HOSPITAI.	533	3 889	Š	666 914 65	Š	171 49	776	† 1251 25	Š	133 12
UOCD INDATIENT TOTAL	110	747	¥	574 360 90	٧	768 89	1/0	5221.46	Y	114 64
UCC UCCDITALC	20	100		106 422 10		1072 25	027	5026 40		20 21
NON HEG HOODIENT HOERT	39	103		190,423.10		10/3.33	.037	0046 01		39.21
NON-HSC HOSPITAL TOTAL	34	211		318,297.91		1508.52	.042	9946.81		03.53
ACCOMMODATIONS	3∠	211		92,527.60		438.52	.042	2891.49		18.47
ADMINISTRATIVE DAYS	14	/1		14,660.32		206.48	.014	1047.17		2.93
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	20	140		77,867.28		556.19	.028	3893.36		15.54
ANCILLARIES	32	0		225,770.31		.00	.000	7055.32		45.06
INPATIENT CROSSOVERS	43	353		59,639.81		168.95	.070	1386.97		11.90
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	456	3,142		92,553.75		29.46	.627	202.97		18.47
MEDICAL	98	152		6,618.85		43.55	.030	67.54		1.32
SURGERY	32	44		1,976.80		44.93	.009	61.78		.39
PATHOLOGY	134	1.004		9,899.45		9.86	.200	73.88		1.98
RADIOLOGY	94	225		15,285,61		67.94	.045	162.61		3.05
ROOM USE	188	296		11.024.34		37.24	. 059	58.64		2.20
CROSSOVERS/ALL OTH OUTPTNT	284	1 421		47 748 70		33 60	284	168 13		9 53
@COINTY HOGDITAL TOTAL	23	377	Ċ	59 869 56	Ċ	158 81	075	\$ 2603.12	¢	11 05
CO HOCDITAL INDATIFAT TOTAL	25	Δ/ / // Q	Ÿ	19 101 62	Y	100.01	010	2005.02	Y	9 60
UCC HOSPITAL INPALLENT TOTAL	5	40		40,101.02		1002.12	.010	0700 FF		9.00
HSC HUSPITALS	5	40		43,502.75		1087.57	.008	8700.55		8.08
NON-HSC HOSPITALS TOTAL	1	5		3,/58.8/		/51.//	.001	3/58.8/		. /5
ACCOMMODATIONS	1	5		1,156.50		231.30	.001	1156.50		. 23
ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.001	1156.50		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		2,602.37		.00	.000	2602.37		.52
INPATIENT CROSSOVERS	1	3		840.00		280.00	.001	840.00		.17
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	17	329		11,767.94		35.77	.066	692.23		2.35
MEDICAL	10	23		1,022.33		44.45	.005	102.23		.20
CONTRA COSTA COUNT 5,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL				•						

SURGERY	9	18		263.13		14.62	.004		29.24		.05
PATHOLOGY	5	132		1,370.85		10.39	.026		274.17		.27
RADIOLOGY	4	14		1,604.18		114.58	.003		401.05		.32
ROOM USE	14	44		1,687.69		38.36	.009		120.55		.34
CROSSOVERS/ALL OTH OUTPTNT	8	98		5,819.76		59.39	.020		727.47		1.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MO		REPOR		2003 THRU	DEC	2003	Р	AGE 1,927
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT		ICES FOR CASH GRA	ANT -	BLIND		AID CODE	20				
								ONT	HLY AVERA	GE	
5,010 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
-,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	521	3,512	\$	607,045.09	\$	172.85			1165.15		121.17
COMM HOSP INPATIENT TOTAL	105	699	т	526,259.28	- T	752.87	.140	-	5011.99	т.	105.04
HSC HOSPITALS	34	143		152,920.43		1069.37	.029		4497.66		30.52
NON-HSC HOSPITALS TOTAL	32	206		314,539.04		1526.89	.041		9829.35		62.78
ACCOMMODATIONS	32	206		91,371.10		443.55	.041		2855.35		18.24
ADMINISTRATIVE DAYS	14	66		13,503.82		204.60	.013		964.56		2.70
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	140		77,867.28		556.19	.028		3893.36		15.54
ANCILLARIES	32	0		223,167.94		.00	.000		6974.00		44.54
INPATIENT CROSSOVERS	42	350		58,799.81		168.00	.070		1400.00		11.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	449	2,813		80,785.81		28.72	.561		179.92		16.12
MEDICAL	92	129		5,596.52		43.38	.026		60.83		1.12
SURGERY	24	26		1,713.67		65.91	.005		71.40		.34
PATHOLOGY	133	872		8,528.60		9.78	.174		64.12		1.70
RADIOLOGY	92	211		13,681.43		64.84	.042		148.71		2.73
ROOM USE	178	252		9,336.65		37.05	.050		52.45		1.86
CROSSOVERS/ALL OTH OUTPTNT	280	1,323		41,928.94		31.69	.264		149.75		8.37
@STATE HOSPITAL	0	1,323	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	86	2,177	\$	289,916.89	\$	133.17	.435	\$		\$	57.87
	0	2,177	Ą	.00	Þ	.00	.435	Ą	.00	Ą	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00					.00		
LEV B-SUBACUTE HSPTL BASED	0	0				.00	.000				.00
LEV B-TRANSITIONAL IP CARE	86	2,177		.00		.00 133.17	.000 .435		.00 3371.13		.00 57.87
LEV B-REGULAR	39	,	4	289,916.89	4	153.17		ė.		4	
@INTERMEDIATE CARE FACILDD	39 27	1,261 890	\$	193,818.12	\$	141.58	.252	Þ	4969.70 4666.78	\$	38.69 25.15
ICF DDH	0	0		126,003.03			.178				
ICF DD				.00		.00	.000		.00		.00
ICF DDN/DDCN	12	371	4	67,815.09	4	182.79	.074	4	5651.26	4	13.54
@HEMODIALYSIS TOTAL	120	1,515 0	\$	110,663.11	\$	73.04	.302	\$	922.19	\$	22.09
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	120	1,515	4	110,663.11		73.04	.302		922.19		22.09
@REHABILITATION FACILITY	15	284	\$	3,580.12	\$	12.61	.057	\$	238.67	\$.71
HOSPITAL BASED	3	7		100.19		14.31	.001		33.40		.02
INDEPENDENT FACILITY	12	277	_	3,479.93		12.56	.055	_	289.99	_	.69
@LABORATORY FACILITY	106	576	\$	6,196.92	\$	10.76	.115	\$		\$	1.24
PATHOLOGY	104	568		6,190.81		10.90	.113		59.53		1.24
XO AND OTHERS	2	1 105	4	6.11		.76	.002		3.06		.00
@ORGANIZED OUTPATIENT CLINIC	752	1,195	\$	235,493.00	\$	197.07	.239	\$		\$	47.00
CLINIC	23	56		1,574.40		28.11	.011		68.45		.31
SURGICENTER	2	2		224.69		112.35	.000		112.35		.04
HEROIN DETOX CLINIC	1	18		199.08		11.06	.004		199.08		.04
PUPAL HEALTH CLINIC	728	1 110		222 494 82		208 66	223		320 73		46 61

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL CONTRA COSTA COUNT

RURAL HEALTH CLINIC

#CALIF DEPT OF HEALTH SERV

728

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

1,119

.223

320.73

46.61 PAGE 1,928

01/29/04

208.66

233,494.83

							MO	NTH	LY AVERA	GE	
5,010 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	C	OST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	768	207,909	\$	263,826.21	\$	1.27	41.499	\$	343.52	\$	52.66
DURABLE MED. EOUIP.	83	588		65,906.11		112.09	.117		794.05		13.15
BLOOD BANK HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	13	19		5,989.98		315.26	.004		460.77		1.20
MEDICAL TRANSDORTATION	168	15 370		66,925.26		4.35	3.068		398.36		13.36
AMBULANCES/AIR TRANS	96	599		11,216.79		18.73	.120		116.84		2.24
OTHER TRANS	96 78 3	14,768		5,989.98 66,925.26 11,216.79 55,672.89		3.77	2.948		713.76		11.11
OTHER SERVICES	3	3		33.30		± ± ± • •	• 0 0 ±		11.86		.01
ACUPUNCTURE	15	86		1,524.64		17.73	.017		101.64		.30
ADULT DAY HEALTH CARE CTR	21	300		20,962.59		69.88	.060		998.22		4.18
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE ACUPUNCTURE ACUPUNCTURE ACUPUNCTURE ACUPUNCTURE GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN DAYS CALL THERAPIST	43	471		.00 29,731.24 .00 4,548.40		63.12	.094		.00 691.42 .00		5.93
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	57	164		4,548.40		27.73	.033		79.80		.91
PHYSICAL THERAPIST	3	8		91.66		11.46	.002		30.55		.02
PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	1	164 8 3 46 43 3 9 92 82 0		81.04		27.01	.001		81.04		.02
PROSTHETIST/ORTHOTISTS	19	46		2,638.55		57.36	.009		138.87		.53
PROSTHETISTO PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	17	43		2,540.54		59.08	.009		149.44		.51
ORTHOTICS	2	3		98.01		22 67	001		49.01		.02
PSYCHOLOGIST	7	9		231.08		25.68	.002		33.01		.05
SPEECH AND AUDIOLOGY	31	92		5,202.15					167.81		1.04
HOSPICE SERVICES	5	82		11,782.98		143.69	.016		2356.60		2.35
NONINST BIRTHING CENTERS	0	0 1,481		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	02	1, 101		11,968.14		8.08	.296		193.03		2.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0 0 0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	333	189,190		36,242.39		.19	37.762				7.23
@CALIF. CHILDREN SERVICES"	82	910	Ş	59,133.67	\$.182		721.14		11.80
@XOVER EXCLUDING STATE HOSP**	674	6,492	\$	180,495.79	\$	27.80	1.296	\$	267.80	\$	36.03
@* TOTALS IN THESE LINES ARE (
THE AMOUNTS ARE ALREADY INC											
** THESE DATA ARE INCLUDED IN											
		CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU D	EC	2003	P	PAGE 1,929
	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE					
150 002 HITGIRING	Hanna	INTEG OF GERILLO	_				MO				

158,823 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @TOTAL, ALL PROVIDERS 120,082 6,753,242 \$ 93,892,152.88 \$ 13.90 42.521 \$ 781.90 \$ 591.17 3,788,200.44 @PHYSICIANS SERVICES 27,606 123,682 \$ \$ 30.63 .779 \$ 137.22 \$ 23.85 15,203 22,065 42.59 61.81 5.92 OUTPATIENT VISITS 939,669.08 .139 8,437 11,337 353,723.81 31.20 .071 41.93 2.23 OFFICE VISITS 604 734 31,161.30 42.45 .005 51.59 .20 HOME VISITS EMERGENCY ROOM 6,163 8,316 502,199.27 60.39 .052 81.49 3.16 8 8 346.44 43.31 43.31 .00 PREVENTIVE CARE .000 31 72 3,859.34 53.60 .000 .02 OB VISITS/COMPRE PERI 124.49 1,598 OTHER OUTPATIENT 1,252 48,378.92 30.27 .010 38.64 .30 47.00 INPATIENT VISITS 2,964 18,213 856,090.19 .115 288.83 5.39 HOSPITAL VISITS 2,456 15,966 695,920.06 43.59 .101 283.36 4.38 116,083.87 CRITICAL CARE 225 879 132.06 .006 515.93 .73 1,368 SNF/ICF/TRANS IP CARE 505 44,086.26 32.23 .009 87.30 .28 479 596 .15 24,486.49 41.08 .004 51.12 OPHTHALMOLOGICAL SERVICES **EXAMINATIONS** 475 592 24,372.62 41.17 .004 51.31 .15 113.87 28.47 28.47 .00 SERVICES AND MATERIALS 4 4 .000 529,830.02 INPATIENT HOSPITAL SURGERY 1,069 6,501 81.50 .041 495.63 3.34 PRINCIPAL SURGEON 768 1,291 395,925.30 306.68 .008 515.53 2.49

ASSISTANT SURGEON	83	89		21,601.34		242.71	.001		260.26		.14
ASSISTANT SURGEON ANESTHESIOLOGIST	432	5,121		112,303.38		21.93	.032		259.96		.71
OUTPATIENT SURGERY	1,625	3,393		252,895.81		74.53	.021		155.63		1.59
PRINCIPAL SURGEON	1,445	1,831		210,424.44		114.92	.012		145.62		1.32
ASSISTANT SURGEON	7	7		876.49		125.21	.000		125.21		.01
ANESTHESIOLOGIST	241	1,555		41,594.88		26.75	.010		172.59		.26
DIALYSIS	441	1,423		112,876.94		79.32	.009		255.96		.71
PATHOLOGY	3,037	22,059		87,601.30		3.97	.139		28.84		.55
RADIOLOGY	4,814	10,071		337,900.28		33.55	.063		70.19		2.13
PSYCHIATRY	11	17		398.87		23.46	.000		36.26		.00
IMMUNIZATION AND INJECTION		1,411		74,048.72		52.48	.009		174.64		.47
OTHER SERVICES/ALL X-OVERS	10,908	37,933		572,402.74		15.09	.239		52.48		3.60
			4		4			4	260 22	۲,	
@PHARMACY	87,906		\$	31,666,631.13	\$	23.64	8.433	Ş	360.23	Ş	199.38
PRESCRIPTION DRUGS	87,906 86,659 2,969 84,029 8,383 10,609 6,953 1,557 78 73	347,755		29,932,053.40		86.07	2.190		345.40		188.46
SNF/ICF	2,969	20,742		1,674,493.62		80.73	.131		563.99		10.54
OUTPATIENTS	84,029	327,013		28,257,559.78		86.41	2.059		336.28		177.92
MEDICAL SUPPLIES	8,383	991,590		1,734,577.73		1.75	6.243		206.92		10.92
@DENTIST	10,609	50,056	\$	2,020,221.52	\$	40.36	.315	\$	190.43	\$	12.72
VISITS - DIAGNOSTIC	6,953	30,611		358,094.37		11.70	.193		51.50		2.25
ORAL SURGERY	1,557	4,565		241,846.70		52.98	.029		155.33		1.52
DRUGS	78	86		1,375.00		15.99	.001		17.63		.01
ANESTHESIA	73	74		7,300.00		98.65	.000		100.00		.05
PERIODONTICS	1,004	1,036		151,889.50		146.61	.007		151.28		.96
THEODONITES	566	796				205.79	.005		289.42		1.03
ENDODONTICS				163,812.50							
RESTORATIVE DENTISTRY	3,039	8,521		645,318.25		75.73	.054		212.35		4.06
PROSTHETICS	92	95		2,520.00		26.53	.001		27.39		.02
DENTURES, STAYPLATES	1,344	3,729		437,537.21		117.33	.023		325.55		2.75
SPACE MAINTAINERS	7	9		330.00		36.67	.000		47.14		.00
MAXILLOFACIAL SERVICES	14	16		1,233.99		77.12	.000		88.14		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	104	123		8,485.00		68.98	.001		81.59		.05
ORTHODONTIC SERVICES ALL OTHER SERVICES	104 283	123 394				68.98 1.22	.001		81.59 1.69		.05 .00
ALL OTHER SERVICES	283	394	ES MO	8,485.00 479.00	EPOR'	1.22	.002	DEC	1.69	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	283 MEDI-CAL SERVI	394 CES AND EXPENDITURE	ES MO	8,485.00 479.00	EPOR'	1.22	.002	DEC	1.69	P.	.00 AGE 1,930
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	283 MEDI-CAL SERVICE FEE-FOR-SERVICE	394 CES AND EXPENDITURE E/DENTAL		8,485.00 479.00 NTH-OF-PAYMENT RE	EPOR'	1.22 T FOR JAN 2	.002 2003 THRU	DEC	1.69	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	283 MEDI-CAL SERVICE FEE-FOR-SERVICE	394 CES AND EXPENDITURE		8,485.00 479.00 NTH-OF-PAYMENT RE	EPOR'	1.22	.002 2003 THRU		1.69 2003		.00 AGE 1,930 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	283 MEDI-CAL SERVIO FEE-FOR-SERVIO SUMMARY OF SERVIO	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA		8,485.00 479.00 NTH-OF-PAYMENT RE		1.22 I FOR JAN 2 AID CODE	.002 2003 THRU 60	ONT	1.69 2003 HLY AVERA	.GE	.00 AGE 1,930 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	283 MEDI-CAL SERVICE FEE-FOR-SERVICE	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE		8,485.00 479.00 NTH-OF-PAYMENT RE	AV	1.22 T FOR JAN 2 AID CODE ERAGE COST	.002 2003 THRU 60 M UNITS/DAY	ONT	1.69 2003 HLY AVERA COST PER	GE	.00 AGE 1,930 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE	ANT -	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES	AV. PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.002 2003 THRU 60 M UNITS/DAY PER ELIG	ONT	1.69 2003 HLY AVERA COST PER USER	.GE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858		8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92	AV	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037	ONT	1.69 2003 HLY AVERA COST PER USER 59.12	.GE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992	ANT -	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89	AV. PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006	ONT	1.69 2003 HLY AVERA COST PER USER 59.12 46.30	.GE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543	ANT -	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52	AV. PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029	ONT	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02	.GE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323	ANT - \$	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51	AV PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20	AGE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155	ANT -	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73	AV. PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98	AGE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323	ANT - \$	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51	AV PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20	AGE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155	ANT - \$	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73	AV PE	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98	AGE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31	ANT - \$ \$	8,485.00 479.00 NTH-OF-PAYMENT RED DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25	AV PE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457	ANT - \$	8,485.00 479.00 NTH-OF-PAYMENT RE DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88	AV PE	1.22 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998	ANT - \$ \$	8,485.00 479.00 NTH-OF-PAYMENT RE DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09	AV PE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306	ANT - \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT RESERVED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80	AV PE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001 .000 .015 .006	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64	ANT - \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT RESERVED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50	AV PE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001 .001 .000 .015 .006	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089	* \$ \$ \$	8,485.00 479.00 179.00 INTH-OF-PAYMENT RESERVED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49	AV: PE: \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .000 .015 .006 .002 .002	ONT S \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22	GE \$.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822	ANT - \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT REST OF DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96	AV PE \$ \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001 .000 .015 .006 .002	ONT S \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21	GE	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46	**************************************	8,485.00 479.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09	AV	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001 .005 .005 .006 .002	ONT S \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .00 .31 .16 .04 .01 .11 5.51
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0	**************************************	8,485.00 479.00 NTH-OF-PAYMENT REDISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00	AV: PE: \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .002 .001 .001 .000 .015 .006 .002 .000 .005	ONT S \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0	**************************************	8,485.00 479.00 NTH-OF-PAYMENT RESERVED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 .00	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .005 .005 .006 .002 .006 .002 .000 .007 .163 .000	ONT S \$ \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30	NT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,485.00 479.00 NTH-OF-PAYMENT RESERVED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 .00 .00 .00 .00	AV: PE: \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 10.06	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .005 .006 .002 .006 .002 .000 .007 .163 .000 .000	ONT ONS \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 27.44	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11 16,592	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30 105,346	**************************************	8,485.00 479.00 479.00 INTH-OF-PAYMENT REST OF DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 .00 301.81 22,719,979.15	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 10.06 215.67	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .006 .002 .006 .002 .007 .163 .000 .000 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 .00 .27.44 1369.33	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11 16,592 2,709	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30 105,346 19,693	NT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT REST OF DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 301.81 22,719,979.15 20,649,910.78	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 10.06 215.67 1048.59	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .005 .006 .002 .006 .002 .000 .007 .163 .000 .000	ONT ONS \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 .00 27.44 1369.33 7622.71	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00 .133.05 130.02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11 16,592	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30 105,346	NT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT REST OF DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 .00 301.81 22,719,979.15	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 10.06 215.67	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .006 .002 .006 .002 .007 .163 .000 .000 .000 .000 .000 .000 .000	ONT ONS \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 .00 .27.44 1369.33	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11 16,592 2,709	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30 105,346 19,693	NT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,485.00 479.00 479.00 INTH-OF-PAYMENT REST OF DISABLED EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 301.81 22,719,979.15 20,649,910.78	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 10.06 215.67 1048.59	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .005 .015 .006 .002 .000 .007 .163 .000 .000 .000 .000 .000 .000 .000 .0	ONT ONS \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 .00 27.44 1369.33 7622.71	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00 .00 .00 .130.02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 158,823 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	283 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,133 976 1,557 191 75 62 13 1,589 831 277 47 612 506 8 0 0 11 16,592 2,709 1,496	394 CES AND EXPENDITURE E/DENTAL VICES FOR CASH GRA UNITS OF SERVICE OR DAYS OF CARE 5,858 992 4,543 323 155 124 31 2,457 998 306 64 1,089 25,822 46 0 0 30 105,346 19,693 10,768	NT - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,485.00 479.00 179.00 179.00 179.00 179.00 179.00 EXPENDITURES 126,097.92 45,187.89 74,759.52 6,150.51 2,323.73 2,063.48 260.25 49,710.88 25,114.09 5,574.80 1,137.50 17,884.49 874,981.96 991.09 .00 .00 .00 .00 .00 .00 .00	AVPE \$	1.22 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.53 45.55 16.46 19.04 14.99 16.64 8.40 20.23 25.16 18.22 17.77 16.42 33.89 21.55 .00 .00 .00 10.06 215.67 1048.59 1223.24	.002 2003 THRU 60 M UNITS/DAY PER ELIG .037 .006 .029 .001 .001 .001 .000 .015 .006 .002 .000 .007 .163 .000 .000 .000 .000 .000 .000 .000 .0	ONT ONS \$ \$ \$ \$	1.69 2003 HLY AVERA COST PER USER 59.12 46.30 48.02 32.20 30.98 33.28 20.02 31.28 30.22 20.13 24.20 29.22 1729.21 123.89 .00 27.44 1369.33 7622.71 8804.69	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 1,930 01/29/04 COST PER ELIGIBLE .79 .28 .47 .04 .01 .01 .00 .31 .16 .04 .01 .11 5.51 .01 .00 .00 .00 .00 .130.02 82.93

ADMINISTRATIVE DAYS	176	1,689	382,461.47	226.44	.0	11	2173.08	2.41
TRANSITIONAL IP CARE	0	0	.00	.00	.0	0 0	.00	.00
ALL OTHER ACCOM	529	2,905	1,818,911.75	626.13	.0	L8	3438.40	11.45
ANCILLARIES	687	0	4,618,256.39	.00	.0	00	6722.35	29.08
INPATIENT CROSSOVERS	627	4,331	658,467.48	152.04	.0	27	1050.19	4.15
ALL OTHER INPATIENT	0	0	.00	.00	.0	0 0	.00	.00
HOSP OUTPATIENT TOTAL	14,679	85,653	2,070,068.37	24.17	.5	39	141.02	13.03
MEDICAL	3,173	4,992	182,161.79	36.49	.0	31	57.41	1.15
SURGERY	896	1,060	50,105.66	47.27	.0	7	55.92	.32
PATHOLOGY	4,794	28,936	290,457.64	10.04	.1	32	60.59	1.83
RADIOLOGY	3,490	5,548	372,217.23	67.09	.0	35	106.65	2.34
ROOM USE	8,075	11,617	424,034.38	36.50	.0	73	52.51	2.67
CROSSOVERS/ALL OTH OUTPTNT	8,082	33,500	751,091.67	22.42	. 2	L1	92.93	4.73
@COUNTY HOSPITAL TOTAL	1,269	7,515	\$ 3,846,747.17	\$ 511.88	.0	17	\$ 3031.32	\$ 24.22
CO HOSPITAL INPATIENT TOTAL	652	4,604	3,764,533.12	817.67	.0	29	5773.82	23.70
HSC HOSPITALS	513	3,061	3,455,079.41	1128.74	.0	L9	6735.05	21.75

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	26	469 469 458 0 11 0 1,074 0 2,911 281 90 1,016 201	205,446.65	438.05	.003	7901.79	1.29
ACCOMMODATIONS	26	469	109.413.25	233.29	.003	4208.20	.69
ADMINISTRATIVE DAYS	24	458	105.173.64	233.29 229.64 .00 385.42 .00 96.84 .00 28.24 37.37 48.33 13.37 96.91 39.61	.003	4382.24	.66
TRANSITIONAL IP CARE	0	0	00	00	.000	.00	.00
ALL OTHER ACCOM	2	11	4 239 61	385 42	.000	2119.81	.03
ADD OTHER ACCOM	26	11	4,239.01	303.42	.000		.60
ANCILLARIES	26	1 0 7 1	96,033.40	.00	.000	3693.59	
INPATIENT CROSSOVERS	125	1,0/4	104,007.06	96.84	.007	832.06	.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	632	2,911	82,214.05	28.24	.018	130.09 53.85 59.59 58.79	.52
MEDICAL	195	281	10,501.49	37.37	.002	53.85	.07
SURGERY	73	90	4,349.87	48.33	.001	59.59	.03
PATHOLOGY	231	1.016	13.580.81	13.37	.006	58.79	.09
RADIOLOGY	120	201	13,580.81 19,478.74 21,347.91	96 91	.001	162.32	.12
POOM HIGE	395	539	21,347.91	39 61	.003	54.05	.13
CROSSOVERS/ALL OTH OUTPINT	247	784	12,955.23	16.52	.005	52.45	.08
			12/000.20	10.52	.005		
#CALIF DEPT OF HEALTH SERV			MONIH-OF-PAYMENI RI	EPORI FOR JAN 2	2003 IHRU DE	iC 2003	
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR CASH GRANT	- DISABLED	AID CODE			
					MON		GE
158,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15.583		18,873,231.98	\$ 192.92	.616 S		\$ 118.83
COMM HOSP INDATTENT TOTAL	2 107	15 089	16 885 377 66	1119 05	.095	8013.94	106.32
UCC UCCDITALC	1 012	7 707	9,716,734.28	1260 77	.049	9601.52	
NON HOG HOGDINAL C MOMAL	1,012	1,707	6 614 102 06	1260.77 1603.44 507.14	.049	0046 14	41.64
NON-HSC HOSPITALS TOTAL	005	4,125	0,014,182.90	1003.44	.026	9946.14 3150.54	41.04
ACCOMMODATIONS	664	4,125	2,091,959.97	507.14	.026	3150.54	
ADMINISTRATIVE DAYS	152	1,231	277,287.83	225.25	.008	1824.26	1.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	527	2,894	1,814,672.14	627.05	.018	3443.40	11.43
ANCILLARIES	661	0	4,522,222.99	.00	.000	6841.49	28.47
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	502	3.257	18,873,231.98 16,885,377.66 9,716,734.28 6,614,182.96 2,091,959.97 277,287.83 .00 1,814,672.14 4,522,222.99 554,460.42 .00 1,987,854.32 171,660.30 45,755.79 276,876.83 352,738.49 402,686.47	170.24	.021	1104.50	3.49
ALL OTHER INDATIENT	0	0	00	0.0	.000	.00	.00
COMM HOSD OUTDATTENT TOTAL	14 170	82 742	1,987,854.32	24 02	.521	140.29	12.52
MEDICAL	2,992	02,742 1 711	171 660 20	24.02	.030	57.37	1.08
	2,992	4,/11	1/1,000.30	30.44	.030		
SURGERY	4 500	970	45,755.79	47.17	.006	55.46	. 29
PATHOLOGY	825 4,582 3,379	4,711 970 27,920 5,347 11,078 32,716 435 \$	2/6,8/6.83	9.92	.176	60.43	1.74
RADIOLOGY	3,379	5,347	352,738.49	65.97	.034	104.39	2.22
ROOM USE	7,749	11,078	402,686.47	36.35	.070	51.97	2.54
CROSSOVERS/ALL OTH OUTPTNT	7,859	32,716	738,136.44	22.56	.206	93.92	4.65
CROSSOVERS/ALL OTH OUTPTN1 @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	12	435 \$	250,846.82	\$ 576.66	.003 \$	20903.90	\$ 1.58
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP DISABLED	12	435	250 846 82	576.66	.003	20903.90	1.58
@NURSING FACILITY	1 700	47,757 \$	250,846.82 7,560,564.92	\$ 158.31		4423.97	
WINDSING PACIFITI	1,709	265	21,528.26			3588.04	.14
LEV A-INIERMEDIALE	6	2,087		121 22	.002		
LEV B-REHAB MD	64	2,087	274,075.66	81.24 131.33 592.94 505.40	.013	4282.43	1.73
LEV B-SUBACUTE FREESTANDING	26	843 1,385 0	499,850.41 699,983.16	592.94	.005	19225.02	3.15
LEV B-SUBACUTE HSPTL BASED	43	1,385	699,983.16	505.40	.009	16278.68	4.41
LEV B-TRANSITIONAL IP CARE	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,571	43,177	6,065,127.43	140.47	.272	3860.68	38.19
@INTERMEDIATE CARE FACILDD	703	22,476 \$	3,687,755.74	\$ 164.08	.142 \$	5245.74	
ICF DDH	395	12,842	1,899,830.55	147.94	.081	4809.70	11.96
ICF DD	0	0	.00	.00	.000	.00	.00
	308		1,787,925.19	185.58	.061	5804.95	11.26
ICF DDN/DDCN		9,634					
@HEMODIALYSIS TOTAL	1,463	35,929 \$	1,726,994.59	\$ 48.07		1180.45	
HOSPITAL BASED	4	60	23,454.00	390.90	.000	5863.50	.15
HEMODIALYSIS CENTER	1,459	35,869	1,703,540.59	47.49	.226	1167.61	10.73
@REHABILITATION FACILITY	404	6,723 \$	88,197.20	\$ 13.12	.042 \$	218.31	\$.56
HOSPITAL BASED	164	534	15,896.66	29.77	.003	96.93	.10
INDEPENDENT FACILITY	240	6,189	72,300.54	11.68	.039	301.25	.46
@LABORATORY FACILITY	3,512	19,055 \$	229,762.40	\$ 12.06	.120 \$		
	3,312	10,000 ψ	225,702.10	7 12.00	•±20 Y	05.12	T 1.15

PATHOLOGY	3,448	18,941	228,503.97	12.06	.119	66.27	1.44
XO AND OTHERS	66	114	1,258.43	11.04	.001	19.07	.01
@ORGANIZED OUTPATIENT CLINIC	34,427	59,645 \$	1,258.43 13,552,544.55	\$ 227.22	.376 \$	393.66	\$ 85.33
CLINIC	855	2,920	100,972.55	34.58	.018	118.10	.64
SURGICENTER	40	90	6,636.19	73.74	.001	165.90	.04
HEROIN DETOX CLINIC	63	686	7.841.54	11.43	.004	124.47	.05
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	33.721	55.949	13.437.094.27	240.17	. 352	398.48	84.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,932
MOP024	FEE-FOR-SERVICE	/DENTAL		or or or or or	ioos iinto bio	2003	01/29/04
CONTRA COSTA COUNT		ICES FOR CASH GRANT	- DISARIED	AID CODE	60		01/25/01
CONTINU CODIN COOM	BOTHLING OF BEICV	TODO TOR CIBIL GRAVI	DIGNEED	MID CODE	MONT	HIV VILL	CF
158,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
•		OD DAVO OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	21 210	OR DAYS OF CARE 4,908,425 \$	5,546,047.03	\$ 1.13	30.905 \$	260.16	
WALL OIDER PROVIDERS	21,310	4,900,425 Ş		131.91		636.59	7.44
DURABLE MED. EQUIP.	1,855	8,952	1,180,880.32		.056		
RECOR RANK	0	127	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	91	13/	35,406.82	258.44	.001	389.09	.22
MEDICAL TRANSPORTATION	4,783	132,311	965,372.31	7.30		201.83	6.08
AMBULANCES/AIR TRANS	3,990	37,544 94,162	570,055.86 374,688.81	15.18	.236	142.87	
OTHER TRANS	866	94,162		3.98	.593	432.67	2.36
OTHER SERVICES	73	605 1,162	20,627.64 20,556.97	34.10	.004	282.57	.13
ACUPUNCTURE	340	1,162	20,556.97	17.69	.007	60.46	.13
ADULT DAY HEALTH CARE CTR	757	9,942 19	689,648.43	69.37	.063	911.03	4.34
GENETIC DISEASE TESTING	19	19	20,627.64 20,556.97 689,648.43 1,995.00 515,298.84 36.08 95,677.86	69.37 105.00	.000	105.00	.01
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	656	8,526	515,298.84	00.44	.054	785.52	3.24
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	3,184	7,672	95,677.86	12.47	.048	30.05	.60
PHYSICAL THERAPIST	2	6	35.28	5.88	.000	17.64	.00
PORTABLE X-RAY	77	157	2,134.83	13.60	.001	27.73	.01
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	505	2 7,672 6 157 1,827	193,686.36	106.01	.012	383.54	1.22
PROSTHETICS	465	1,769	190.013.29		.011	408.63	1.20
ORTHOTICS	42	1,769 58	190,013.29 3,673.07	107.41 63.33	.000	87.45	.02
PSYCHOLOGIST	178	421		14.92	.003	35.29	.04
SPEECH AND AUDIOLOGY	1.019	3,287	174,144.93	14.92 52.98	.021	170.90	1.10
HOSPICE SERVICES	79	1,510	230 277 79	152 50	.010	2914.91	1.45
NONINGT BIRTHING CENTERS	, ,	70,712 0 0	230,277.79 .00 556,846.31 .00	152.50	.000	.00	.00
LOCAL EDUCATION ACENCIES	3 480	70 712	556 846 31	7.87	.445	160.01	3.51
FDCDT CUDDIFMENTAL CERVICE	3,400	70,712	330,840.31	.00	.000	.00	.00
DECDIDATION CADE DOACT	0	0	.00	.00	.000	.00	.00
RESPIRATORI CARE PRACI.	0	0 0 0	.00	.00	.000	.00	.00
ALL OWNER DROWINGS	6 276	4 661 792	877,766.58	.19	29.352	139.86	5.53
ALL UIHER PROVIDERS	0,2/0	4,661,782	8//,/00.58	.19			
@CALIF. CHILDREN SERVICES"	2,789	95,789 \$	5,246,849.75	\$ 54.78	·	1881.27	
@XOVER EXCLUDING STATE HOSP**	13,359	147,788 \$	2,831,273.48	\$ 19.16	.931 \$	211.94	\$ 17.83
@" IOIALS IN THESE LINES ARE	GIVEN AS A SEPAR	ALE INFORMATION LIEM (
THE AMOUNTS ARE ALREADY IN			S ABOVE.				
** THESE DATA ARE INCLUDED I				_			
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CGF 30-33 3	5 40 42 3A-3M 3P 3	3R 3U 3W 4C-4G			
					MONT	HLY AVERA	GE
41,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	49,165	296,094 \$	15,211,624.40	\$ 51.37	7.205 \$	309.40	\$ 370.16
@PHYSICIANS SERVICES	4,743	12,667 \$	744,482.49	\$ 58.77	.308 \$	156.96	\$ 18.12
OUTPATIENT VISITS	3,464	4,646	185,780.65	39.99	.113	53.63	4.52
OFFICE VISITS	1,909	2,353	86,270.58	36.66	.057	45.19	2.10
HOME VISITS	1	, 1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,263	1,422	71,714.26	50.43	.035	56.78	1.75
PREVENTIVE CARE	37	36	1,526.90	42.41	.001	41.27	.04
OB VISITS/COMPRE PERI	93	455	11,006.25	24.19	.011	118.35	. 27
- · · · · · · · · · · · · · · · · · · ·			, : : : : 20				

OTHER OUTPATIENT	311	379	15,225.24	40.17	.009	48.96	.37
INPATIENT VISITS	460	2,486	259,006.98	104.19	.060	563.06	6.30
HOSPITAL VISITS	388	1,338	68,456.37	51.16	.033	176.43	1.67
CRITICAL CARE	118	1,148	190,550.61	165.98	.028	1614.84	4.64
SNF/ICF/TRANS IP CARE	0	_,0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	47	55	2,654.04	48.26	.001	56.47	.06
EXAMINATIONS	46	54	2,651.50	49.10	.001	57.64	.06
SERVICES AND MATERIALS	1	1	2.54	2.54	.000	2.54	.00
INPATIENT HOSPITAL SURGERY	279	1,570	161,213.39	102.68	.038	577.83	3.92
	187	300	121,285.65	404.29	.007	648.59	2.95
PRINCIPAL SURGEON	22	24			.007		.12
ASSISTANT SURGEON			5,080.42	211.68		230.93	
ANESTHESIOLOGIST	124	1,246	34,847.32	27.97	.030	281.03	.85
OUTPATIENT SURGERY	308	617	48,846.04	79.17	.015	158.59	1.19
PRINCIPAL SURGEON	255	295	37,111.16	125.80	.007	145.53	.90
ASSISTANT SURGEON	2	2	431.06	215.53	.000	215.53	.01
ANESTHESIOLOGIST	73	320	11,303.82	35.32	.008	154.85	.28
DIALYSIS	2	4	540.98	135.25	.000	270.49	.01
PATHOLOGY	532	1,364	9,006.95	6.60	.033	16.93	.22
RADIOLOGY	646	906	42,956.74	47.41	.022	66.50	1.05
PSYCHIATRY	3	6	303.44	50.57	.000	101.15	.01
IMMUNIZATION AND INJECTION	105	164	2,010.51	12.26	.004	19.15	.05
OTHER SERVICES/ALL X-OVERS	558	849	32,162.77	37.88	.021	57.64	.78
@PHARMACY	6,238	34,439 \$	1,159,570.94	\$ 33.67	.838 \$	185.89	
PRESCRIPTION DRUGS	6,145	13,947	1,105,927.58	79.30	.339	179.97	26.91
SNF/ICF	9	44	6,795.09	154.43	.001	755.01	.17
OUTPATIENTS	6,139	13,903	1,099,132.49	79.06	.338	179.04	26.75
MEDICAL SUPPLIES	258	20,492	53,643.36	2.62	. 499	207.92	1.31
@DENTIST	14,384	82,414 \$	2,321,289.53	\$ 28.17	2.005 \$	161.38	
VISITS - DIAGNOSTIC	10,828	56,883	771,128.85	13.56	1.384	71.22	18.76
ORAL SURGERY	2,063	4,122	245,621.50	59.59	.100	119.06	5.98
DRUGS	695	793	17,703.75	22.33	.019	25.47	.43
ANESTHESIA	83	83	7,700.00	92.77	.002	92.77	.19
PERIODONTICS	368	387	51,407.00	132.83	.009	139.69	1.25
ENDODONTICS	1,158	2,103	239,812.90	114.03	.051	207.09	5.84
RESTORATIVE DENTISTRY	5,330	16,013	866,328.95	54.10	.390	162.54	21.08
PROSTHETICS	28	29	580.00	20.00	.001	20.71	.01
DENTURES, STAYPLATES	185	744	55,836.00	75.05	.018	301.82	1.36
SPACE MAINTAINERS	101	123	11,821.00	96.11	.003	117.04	.29
MAXILLOFACIAL SERVICES	21	21	1,012.08	48.19	.001	48.19	.02
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	605	720	52,052.50	72.30	.018	86.04	1.27
ALL OTHER SERVICES	323	392	285.00	.73	.010	.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2			PAGE 1,934
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	TICES FOR CGF 30-33 35	40 42 3A-3M 3P 3	3R 3U 3W 4C-4G			
					MONT	HLY AVERA	GE
41,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
11,000 12101222	0,0211,0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	324	884 \$	20,814.08	\$ 23.55	.022 \$	64.24	
DIAGNOSTIC AND ANC. PROCED	236	237	10,928.11	46.11	.006	46.31	.27
EYE APPLIANCES	229	642	9,589.85	14.94	.016	41.88	.23
OTHER OPTOMETRIC SERVICES	5	5	296.12	59.22	.000	59.22	.01
OTHER OPTOMETRIC SERVICES	5	5	290.12	39.44	.000	39.44	.01

41,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	324	884	\$ 20,814.08	\$	23.55	.022	\$	64.24	\$.51
DIAGNOSTIC AND ANC. PROCED	236	237	10,928.11		46.11	.006		46.31	.27
EYE APPLIANCES	229	642	9,589.85		14.94	.016		41.88	.23
OTHER OPTOMETRIC SERVICES	5	5	296.12		59.22	.000		59.22	.01
@CHIROPRACTOR	44	75	\$ 1,254.00	\$	16.72	.002	\$	28.50	\$.03
VISITS	44	75	1,254.00		16.72	.002		28.50	.03
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	8	19	\$ 851.83	\$	44.83	.000	\$	106.48	\$.02
MEDICINE/INJECTIONS	7	9	386.61		42.96	.000		55.23	.01
SURGERY/ANES.	1	2	101.26		50.63	.000		101.26	.00
RADIO./PATHOLOGY	3	5	88.22		17.64	.000		29.41	.00
OTHER	2	3	275.74		91.91	.000		137.87	.01

@HOME HEALTH AGENCY	20	1,734 \$	51,652.07	\$ 29.79	.042	\$ 2582.60	\$ 1.26
NURSE ANESTHESIST	8	40 \$	1,044.17	\$ 26.10	.001		\$.03
NURSE MIDWIFE	6	21 \$ 0 \$ 19 \$ 12,278 \$	2,906.97	\$ 138.43	.001		
PEDIATRIC NURSE PRACTITIONER	0	n \$.000		
FAMILY NURSE PRACTITIONER	12	10 ¢	.00 491.45 4,009,790.04	\$ 25.87	.000	\$ 40.95	
	2 002	10 070 Å	4 000 700 04	\$ 326.58			
@TOTAL HOSPITAL	4,883	12,2/8 \$	4,009,790.04	\$ 320.58		\$ 1390.84	
HOSP INPATIENT TOTAL	2,883 363 296 68 67	2,253 1,973	3,676,573.21	1631.86	.055	10128.30	89.47
HSC HOSPITALS	296	1,973	3,249,128.69	1646.80	.048	10976.79	79.06
NON-HSC HOSPITAL TOTAL	68	276	426,604.52	1545.67 647.64	.007	6273.60	10.38
ACCOMMODATIONS	67	276	178,748.87	647.64	.007	2667.89	4.35
ADMINISTRATIVE DAYS	5	41	9,252.00	225.66	.001	1850.40	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	235	169,496.87	721.26	.006	2733.82	4.12
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	68	1,973 276 276 41 0 235 0 4 0 10,025 876 239 3,677 751	247,855.65	721.26 .00	.000	3644.94	6.03
INDATIENT CROSSOVERS	1	4	840 00	210 00	.000	840.00	.02
ALL OTHER INDATTENT	0	0	00.00	210.00	.000	.00	.00
ALL CIMER INPALLENT	2 502	10 025	840.00 .00 333,216.83	210.00 .00 33.24		129.00	8.11
HOSP OUTPATIENT TOTAL	4,583	10,025	333,210.83		. 244		
	609	8/6	51,807.99	59.14	.021	85.07	1.26
SURGERY	201 793	239	10,529.36	44.06	.006	52.38	.26
PATHOLOGY	793	3,677	41,462.17	11.28	.089	52.29	1.01
RADIOLOGY		751	46,777.98	62.29	.018	80.79	1.14
ROOM USE	2,051	2,641	99,493.16	37.67	.064	48.51	2.42
CROSSOVERS/ALL OTH OUTPINT	919	1,841	83,146.17	45.16	.045	90.47	2.02
@COUNTY HOSPITAL TOTAL	126	478 \$	234,280.56	\$ 490.13		\$ 1859.37	\$ 5.70
CO HOSPITAL INPATIENT TOTAL		200	226,500.65	1132.50 1132.50	.005	3653.24	5.51
		200	226,500.65	1132.50	.005	3653.24	5.51
NON-HSC HOSPITALS TOTAL	02	0	.00	.00	.000	.00	.00
NON-DATIALS IVIAL	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	62 0 0 0 0 0 0 0 0 65 20	0 0 0 0	.00	.00 .00 .00 .00 .00 .00 .27.99 33.82 36.13	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ō	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	278	.00 7,779.91	27.99	.007	119.69	.19
MEDICAL	20	27	913.09	33.82	.001	45.65	.02
SURGERY	20 14 32		650.36	36.13	.000	46.45	.02
PATHOLOGY	3.2	18 118	1,774.55	15.04	.003	55.45	.04
	5	5	1,774.55				.01
RADIOLOGY	5 47		282.48	56.50	.000	56.50	
ROOM USE		69	2,996.19	43.42	.002	63.75	.07
CROSSOVERS/ALL OTH OUTPTNT		41	1,163.24	28.37	.001	48.47	.03
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU D	EC 2003	
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4G	1		
					MC	NTHLY AVERA	GE
41,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,767	11,800 \$	3,775,509.48	\$ 319.96	.287	\$ 1364.48	\$ 91.87
	302			1680.50			83.95
HSC HOSPITALS	235	1,773	3,022,628.04	1704.81	.043	12862.25	73.55
NON-HSC HOSPITALS TOTAL	68	276	426,604.52	1545.67	.007	6273.60	10.38
ACCOMMODATIONS	67	276	178,748.87	647.64	.007	2667.89	4.35
ADMINISTRATIVE DAYS	5	41	9,252.00	225.66	.001	1850.40	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	235	169,496.87	721.26	.006	2733.82	4.12
ANCILLARIES	68	0	247,855.65	.00	.000	3644.94	6.03
INPATIENT CROSSOVERS	1	4	840.00	210.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,524	9,747	325,436.92	33.39	.237	128.94	7.92
MEDICAL	590	849	50,894.90	59.95	.021	86.26	1.24
111111111111	570	019	30,001.00	37.73	.021	30.20	1.21

SURGERY PATHOLOGY	187 761	221 3,559	9,879.00 39,687.62	44.70 11.15	.005 .087	52.83 52.15	.24 .97
RADIOLOGY	574	746	46,495.50	62.33	.018	81.00	1.13
ROOM USE	2,007	2,572	96,496.97	37.52	.063	48.08	2.35
CROSSOVERS/ALL OTH OUTPINT	895	1,800	81,982.93	45.55	.044	91.60	1.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	40	\$	15,277.82	\$	381.95	.001	\$	5092.61	\$.37
HOSPITAL BASED	2	39		15,245.10		390.90	.001		7622.55		.37
HEMODIALYSIS CENTER	1	1		32.72		32.72	.000		32.72		.00
@REHABILITATION FACILITY	69	545	\$	9,963.40	\$	18.28	.013	\$	144.40	\$.24
HOSPITAL BASED	40	165		5,330.95		32.31	.004		133.27		.13
INDEPENDENT FACILITY	29	380		4,632.45		12.19	.009		159.74		.11
@LABORATORY FACILITY	581	1,747	\$	25,656.44	\$	14.69	.043	\$	44.16	\$.62
PATHOLOGY	581	1,747		25,656.44		14.69	.043		44.16		.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20,729	29,972	\$	6,324,223.04	\$	211.00	.729	\$	305.09	\$	153.89
CLINIC	519	2,574		61,165.12		23.76	.063		117.85		1.49
SURGICENTER	3	21		742.76		35.37	.001		247.59		.02
HEROIN DETOX CLINIC	7	94		1,053.80		11.21	.002		150.54		.03
RURAL HEALTH CLINIC	20,262	27,283		6,261,261.36		229.49	.664		309.01		152.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPOR'	r for Jan	2003 THRU	DEC	2003	P.	AGE 1,936
MOP024	FEE-FOR-SERVICE/DEN	JTAL									01/29/04
CONTRA COSTA COUNT	STIMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3B 31	T 3W 4C-40	7				

----- MONTHLY AVERAGE -----41,095 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER
 EXPENDITURES
 AVERAGE COST UNITS/DAYS PER ELIG
 COST PER PER UNIT/DAY PER ELIG
 USER

 522,356.13
 \$ 4.38
 2.901
 \$ 65.75

 27,784.53
 127.45
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 380.61

 2,376.00
 3.00
 .019
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 1,354.19
 112.85
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 677.10

 66,624.50
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 .093
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 50,206.26
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73 218
3 792
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359 3,805
357 3,763
9 33
9 9
21 74
0 0
107 108
0 0 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 119,200 \$ 2.901 \$ 65.75 \$ 12.71 DURABLE MED. EQUIP. BLOOD BANK .06 HEARING AID DISPENSERS .03 MEDICAL TRANSPORTATION 1.62 AMBULANCES/AIR TRANS OTHER TRANS .01 OTHER SERVICES .39 .03 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 108 0 0 3,568 .00 GENETIC DISEASE TESTING .26 .00 .00 32,052.16 IHMC, MODEL-NF, NF, AIDS, MSSP .00 0 OCCUPATIONAL THERAPIST .00 1,690 OPTICIAN .78 PHYSICAL THERAPIST PORTABLE X-RAY 0 0 .00 PROSTHETIST/ORTHOTISTS PROSTHETICS .39 ORTHOTICS PSYCHOLOGIST .17 .09 SPEECH AND AUDIOLOGY .00 .00 340,787.22 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 8.29 LOCAL EDUCATION AGENCIES .00 .000 .00 .000 .00 .000 .16 1.931 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 12,315.61 PED SUBACUTE REHAB/WEANING .00 .00 79,345 .16 ALL OTHER PROVIDERS 49 251.34 .30 14,121 \$ 779 \$.344 \$ 2507.33 \$ @CALIF. CHILDREN SERVICES* 1,348 3,379,876.90 \$ 239.35 82.25 @XOVER EXCLUDING STATE HOSP** 12 1,510.33 \$ 1.94 .019 \$ 125.86 \$.04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,937 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

267,538 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	218,216 40,561	9,811,260 \$ 163,730 \$	134,599,492.06	\$ 13.72	36.672 \$	616.82	
@PHYSICIANS SERVICES	40,561	163,730 \$	4,984,863.25	\$ 30.45	.612 \$	122.90	\$ 18.63
OUTPATIENT VISITS	19,480	27,874	1,172,853.51	42.08	.104	60.21	4.38
OFFICE VISITS	10,936	14,487	465,953.68	32.16	.104	42.61	1.74
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS	626	163,730 \$ 27,874 14,487 766 9,988 44 533 2,056 21,362	32,513.72	42.45	.003		.12
EMERGENCY ROOM	7,627	9,988	591,485.96	59.22	.037	51.94 77.55	2.21
PREVENTIVE CARE	45	44	1,873.34	42.58	.000	41.63	.01
OB VISITS/COMPRE PERI	128	533	15,360.13	28.82	.002	120.00	.06
OTHER OUTPATIENT	1.621	2.056	65,666.68	31.94	.008	40.51	. 25
INPATIENT VISITS	3 564	21 362	65,666.68 1,145,146.82	53.61	.080	321.31	4.28
HOSPITAL VISITS	2,964	17 919	791 709 68	44.18	.067	267.11	2.96
CRITICAL CARE	353	17,919 2,043 1,400 822 816	1,145,146.82 791,709.68 308,580.08	42.08 32.16 42.45 59.22 42.58 28.82 31.94 53.61 44.18	.008	874.16	1.15
SNF/ICF/TRANS IP CARE	525	1 400	44,857.06	32.04	.005	85.44	.17
OPHTHALMOLOGICAL SERVICES	666	922	34,284.73	41.71	.003	51.48	.13
EXAMINATIONS	660	816 6 8,352	34,204.73	41.83	.003	51.72	.13
	6	610	150 01	25.47	.000	25.47	.00
SERVICES AND MATERIALS	1 200	0 353	152.81 709,375.82 529,753.77				
INPATIENT HOSPITAL SURGERY	1,398	8,352	709,375.82	84.93	.031	507.42	2.65
PRINCIPAL SURGEON			529,753.77	323.42	.006	536.19	1.98
	111	120	28,380.05 151,242.00	236.50	.000	255.68	.11
ANESTHESIOLOGIST	572	6,594	151,242.00	22.94	.025	264.41	.57
OUTPATIENT SURGERY	2,045	4,262	330,059.38	77.44	.016	161.40	1.23
PRINCIPAL SURGEON	1,793	4,262 2,252 10 2,000	272,696.87	77.44 121.09 143.88 27.96	.008	152.09	1.02
ASSISTANT SURGEON	10	10	1,438.79	143.88	.000	143.88	.01
ANESTHESIOLOGIST	336	2,000	55,923.72	27.96	.007	166.44	. 21
DIALYSIS	469	1,519	120,704.26	79.46	.006	257.37	.45
PATHOLOGY	3,700	24,434	100,492.14	4.11	.091	27.16	.38
RADIOLOGY	572 2,045 1,793 10 336 469 3,700 5,705	11,509	120,704.26 100,492.14 403,173.14	35.03	.043	70.67	1.51
	14	23	702.31	30.54	.000	50.17	.00
IMMUNIZATION AND INJECTION	553 18,713 135,279 133,438	23 1,601	702.31 77,797.39 890,273.75	4.11 35.03 30.54 48.59 14.37	.006	140.68	.29
OTHER SERVICES/ALL X-OVERS	18,713	61,972 1,966,022 \$	890,273.75	14.37	.232	47.58	3.33
@PHARMACY	135,279	1,966,022 \$	43,340,883.02	\$ 22.04	7.349 \$	320.38	
PRESCRIPTION DRUGS	133,438	505,807	41,187,786.15	81.43	1.891	308.67	153.95
SNF/ICF	4,241	27,766	2,047,724.94	73.75	.104	482.84	7.65
OUTPATIENTS	129,660	478,041 1,460,215 145,370 \$ 94,903	39,140,061.21	81.43 73.75 81.88 1.47	1.787	301.87	146.30
MEDICAL SUPPLIES	12,488	1,460,215	2,153,096.87	1.47	5.458	172.41	8.05
@DENT CT	28,058	145,370 \$	4,940,380.70	\$ 33.98	.543 \$	176.08	\$ 18.47
VISITS - DIAGNOSTIC	19,683	94,903	1,214,066.83	12.79	.355	61.68	4.54
ORAL SURGERY	19,683 4,071 774 163	9,834 880	544,264.95	55.35	.037	133.69	2.03
DRUGS	774	880	19,078.75	21.68	.003	24.65	.07
ANESTHESIA	163	164	15,700.00	95.73	.001	96.32	.06
PERIODONTICS	1,606	164 1,665	233,235.00	140.08	.006	145.23	.87
ENDODONTICS	1,848	3,076		143.01	.011	238.04	1.64
RESTORATIVE DENTISTRY	9,016	26,398	1,665,385.45	143.01 63.09	.099	184.71	6.22
PROSTHETICS	154	168	4,390.00	26.13	.001	28.51	.02
DENTURES, STAYPLATES	2,335	6,352	727,645.75	114.55	.024	311.63	2.72
SPACE MAINTAINERS	108	132	12,151.00	92.05	.000	112.51	.05
MAXILLOFACIAL SERVICES	37	39	2,296.07	58.87	.000	62.06	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	711	847	61,427.50		.003	86.40	. 23
ALL OTHER SERVICES	695	910	849.00	.93		1.22	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N					PAGE 1,938
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT		VICES FOR CASH GRANT	- TOTAL				01,20,01
	_ JIIIIII OI DIII				MONT	HLY AVERA	GE
267,538 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
20,,300 1110111111	ODINO	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	3,582	10,299 \$	211,175.02	\$ 20.50	.038 \$	58.95	
DIAGNOSTIC AND ANC. PROCED	1,370	1,392	63,141.48	45.36	.005	46.09	.24
	1,5,0	-,522	55,111.10	13.50		-0.00	

EYE APPLIANCES	2,707	8,300	135,474.98	16.32	.031	50.05	.51
OTHER OPTOMETRIC SERVICES	373	607	12,558.56	20.69	.002	33.67	.05
@CHIROPRACTOR	132	254 \$	3,913.32		.001 \$		
		218	3,634.26	16.67	.001 \$	31.06	.01
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	1 - 1 -	210	279.06	7.75	.000		.00
ODODIAMDICA	15	36 3,646 \$					
@PODIATRIST	2,288	3,646 \$	63,186.10		.014 \$	27.62	
MEDICINE/INJECTIONS	890	1,069	26,952.20	25.21	.004	30.28	.10
SURGERY/ANES.	282	313	5,771.85	18.44	.001	20.47	.02
RADIO./PATHOLOGY	282 50	69	1,225.72	17.76	.000	24.51	.00
OTHER	1,253	2,195	29,236.33	13.32	.008	23.33	.11
@HOME HEALTH AGENCY	567	30,533 \$	1,020,717.11	\$ 33.43	.114 \$		
NURSE ANESTHESIST	16	86 \$	2,035.26	\$ 23.67	.000 \$		\$.01
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	6	21 \$	2,906.97	\$ 138.43	.000 \$	484.50	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	38	73 \$	1,375.49	\$ 18.84	.000 \$		\$.01
@TOTAL HOSPITAL	23,959	141,368 \$	31,068,340.84	\$ 219.77		1296.73	
HOSP INPATIENT TOTAL	3,950	26,786	28,254,297.07	1054.82	.100	7152.99	105.61
HSC HOSPITALS	2,071	14,195	17,798,005.37 9,449,567.98 3,003,276.10	1253.82	.053	8593.92	66.53
NON-HSC HOSPITAL TOTAL	1,002	6,135	9,449,567.98	1540.27	.023	9430.71	35.32
ACCOMMODATIONS	1,000	6,135 1,966 0	3,003,276.10	489.53	.023	3003.28	11.23
ADMINISTRATIVE DAYS	236	1,966	433,866.27	220.68	.007	1838.42	1.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	788	4,169	2,569,409.83	616.31	.016	3260.67	9.60
ANCILLARIES	996	0	6,446,291.88	.00	.000	6472.18	24.09
INPATIENT CROSSOVERS	1,002	6,456	1,006,723.72	155.94	.024	1004.71	3.76
ALL OTHER INPATIENT	, 0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21.031	114 582	2,814,043.77	24.56	.428	133.80	10.52
MEDICAL	3.936	6.109	244,778.72	40.07	.023	62.19	.91
SURGERY	1.150	1.366	64,620.93	47.31	.005	56.19	.24
PATHOLOGY	5.827	34.109	247 050 42	10.18	.127	59.56	1.30
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	4 226	6,109 1,366 34,109 6,656	443,227.95	40.07 47.31 10.18 66.59	.025	104.88	1.66
ROOM USE	10 390	14,649	537,877.85	36.72		51.77	2.01
CPOSSOVERS / ALL OTH OUTDTMT	12 459	51,693	1,176,478.89	36.72 22.76	.193	94.43	4.40
@COUNTY HOSPITAL TOTAL	1 555	9,041 \$	4,500,671.89	\$ 497.81	.175 034 ¢	2894.32	
CO HOGDITAL INDATIFAT TOTAL	708	5,326	4,394,761.14	825.15	.020	5507.22	16.43
UCC UCCDITAL C	790 645		4,071,390.72	1112 02	.014	6312.23	15.22
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	27	3,655 474	209,205.52	1113.92 441.36 233.27 229.65	.002	7748.35	.78
NON-DSC HOSPITALS TOTAL	27	474	•	722 77	.002	4095.18	.41
ACCOMMODATIONS	27		110,569.75 106,330.14	229.65	.002	4253.21	.40
ADMINISIRATIVE DAIS	25	463	.00	.00	.002	.00	.00
TRANSTITUNAL IP CARE	0	11	4,239.61	385.42	.000	2119.81	.02
ALL OTHER ACCOM	27	463 0 11 0	4,239.01	.00		3653.18	.37
ANCILLARIES	120	0 1,197	98,635.77		.000	821.33	. 43
INPALLENT CROSSOVERS	139	1,197	114,164.90	95.38	.004	.00	
ALL OIMER INPAILENT	774		.00	.00 28.51	.000		.00
CO HOSP OUTPATIENT TOTAL	774	3,715 345	105,910.75		.014	136.84	.40
MEDICAL	∠34 103		13,010.35	37.71 40.59	.001	55.60	.05
SURGERY	103	134	5,438.72		.001	52.80	.02
PATHOLOGY	2/4	1,283	16,929.35	13.20	.005	61.79	.06
RADIOLOGY	133	226	22,003.17	97.36	.001	165.44	.08
	470	672	26,929.73	40.07	.003	57.30	.10
CROSSOVERS/ALL OTH OUTPTNT	326	1,055	21,599.43	20.47	.004	66.26	.08
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	2003	PAGE 1,939
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR CASH GRANT -	TOTAL				
					MON'		
267,538 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL							
	22,693	132,327 \$	26,567,668.95	\$ 200.77	•	1170.74	\$ 99.30
COMM HOSP INPATIENT TOTAL	22,693 3,206	132,327 \$ 21,460	23,859,535.93	\$ 200.77 1111.81	.495 \$.080	7442.15	\$ 99.30 89.18
		132,327 \$		\$ 200.77	•		\$ 99.30

NON-HSC HOSPITALS TOTAL	976	5,661		9,240,362.46		1632.28	.021	9467.58		34.54
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	974	5,661		2,892,706.35		510.99	.021	2969.92		10.81
ADMINISTRATIVE DAYS	212	1,503		327,536.13		217.92	.006	1544.98		1.22
TRANSITIONAL IP CARE	0	, 0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	786	4,158		2,565,170.22		616.92	.016	3263.58		9.59
ANCTI.I.APTES	970	0		6,347,656.11		.00	.000	6543.98		23.73
TNDATTENT ODOCCOVEDO	970	5,259		892,558.82		169.72	.020	1034.25		3.34
INPAILENI CROSSOVERS	003	5,259								
ALL OTHER INPATIENT	0	_		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	20,400	110,867		2,708,133.02		24.43	.414	132.75		10.12
MEDICAL	3,141	5,764		231,768.37		40.21	.022	62.29		.87
SURGERY	1,050	1,232		59,182.21		48.04	.005	56.36		.22
PATHOLOGY	5,576	32,826		330,130.08		10.06	.123	59.21		1.23
RADIOLOGY	4,104	6,430		421,224.78		65.51	.024	102.64		1.57
ROOM USE	9,996	13,977		510,948.12		36.56	.052	51.12		1.91
CROSSOVERS/ALL OTH OUTPINT	12.164	50,638		1,154,879.46		22.81	.189	94.94		4.32
@STATE HOSPITAL	12	435	\$	250,846.82	\$	576.66	.002	\$ 20903.90		.94
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0	Υ	.00	Υ	.00	.000	.00		.00
DENETUD DICABLED	1.2	435		250,846.82		576.66	.002	20903.90		.94
ONLING ENGLITER	3 000		۸.		d					46.42
@NURSING FACILITY	3,000	82,496	\$	12,417,956.85	\$	150.53		\$ 4139.32		
LEV A-INTERMEDIATE	15	614		49,122.86		80.00	.002	3274.86		.18
LEV B-REHAB MD	64	2,087		274,075.66		131.33	.008	4282.43		1.02
LEV B-SUBACUTE FREESTANDING	27	850		502,450.49		591.12	.003	18609.28		1.88
LEV B-SUBACUTE HSPTL BASED	43	1,385		699,983.16		505.40	.005	16278.68		2.62
LEV B-TRANSITIONAL IP CARE	43 0 2,852 742	0		.00		.00	.000	.00		.00
LEV B-REGULAR	2,852	77,560		10,892,324.68		140.44	.290	3819.19		40.71
@INTERMEDIATE CARE FACILDD	742	23,737	\$	3,881,573.86	\$	163.52	.089	\$ 5231.23	Ġ	14.51
TCF DDH	422	13,732	- T	2,025,833.58	т.	147.53	.051	4800.55		7.57
ICE DD	0	0		.00		.00	.000	.00		.00
ICE DDM/DDCM	3.20	10,005		1,855,740.28		185.48	.037	5799.19		6.94
OUEMODIALVEIC TOTAL	1 070	37,950	\$	2,067,218.20	\$	54.47		\$ 1049.35		7.73
WINDLING DAGED	1,970		Ą		Ą					
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	1 064	99		38,699.10		390.90	.000	6449.85		.14
HEMODIALYSIS CENTER	1,964	37,851		2,028,519.10		53.59	.141	1032.85		7.58
@REHABILITATION FACILITY	490	7,555	\$	101,827.51	\$	13.48	.028			.38
HOSPITAL BASED	209	709		21,414.59		30.20	.003	102.46		.08
INDEPENDENT FACILITY	281	6,846		80,412.92		11.75	.026	286.17		.30
@LABORATORY FACILITY	4,320	21,752	\$	265,833.28	\$	12.22	.081	\$ 61.54	\$.99
PATHOLOGY	4,207	21,554		264,025.74		12.25	.081	62.76		.99
XO AND OTHERS	115	198		1,807.54		9.13	.001	15.72		.01
@ORGANIZED OUTPATIENT CLINIC	63,456	103,964	\$	22,097,002.25	\$	212.54	.389			82.59
CLINIC	1,559	5,954	τ	175,156.03	Ψ.	29.42	.022	112.35		.65
SURGICENTER	112	208		19,002.39		91.36	.001	169.66		.07
HEROIN DETOX CLINIC	71	798		9,094.42		11.40	.003	128.09		.03
RURAL HEALTH CLINIC	62,069	97,004		21,893,749.41		225.70	.363	352.73		81.83
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RI	EPOK.I.	FOR JAN .	2003 THRU	DEC 2003	Р	AGE 1,940
MOP024	FEE-FOR-SERVICE									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CASH G	RANT	- TOTAL						
								ONTHLY AVER		
267,538 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E.		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	36,981	7,071,969	\$	7,877,456.21	\$	1.11	26.434	\$ 213.01	\$	29.44
DURABLE MED. EQUIP.	2,258	10,619		1,317,049.83	•	124.03	.040	583.28		4.92
BLOOD BANK	3	792		2,376.00		3.00	.003	792.00		.01
HEARING AID DISPENSERS	199	271		107,463.44		396.54	.001	540.02		.40
MEDICAL TRANSPORTATION	5,772	187,322		1,254,260.37		6.70	.700	217.30		4.69
				643,799.99				141.71		
AMBULANCES/AIR TRANS	4,543	42,929				15.00	.160			2.41
OTHER TRANS	1,297	143,518		572,054.87		3.99	.536	441.06		2.14
OTHER SERVICES	118	875		38,405.51		43.89	.003	325.47		.14
ACUPUNCTURE	891	3,335		58,709.61		17.60	.012	65.89		. 22
ADULT DAY HEALTH CARE CTR	1,424	17,936		1,244,473.98		69.38	.067	873.93		4.65
GENETIC DISEASE TESTING	127	128		12,802.00		100.02	.000	100.80		.05
CHILLIE DIBLICH INCITIO										

IHMC, MODEL-NF, NF, AIDS, MSSP	938	11,306	726,635.07	64.27	.042	774.66	2.72
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	6,455	15,369	181,179.95	11.79	.057	28.07	.68
PHYSICAL THERAPIST	8	23	205.59	8.94	.000	25.70	.00
PORTABLE X-RAY	126	237	2,434.14	10.27	.001	19.32	.01
PROSTHETIST/ORTHOTISTS	722	2,377	225,570.12	94.90	.009	312.42	.84
PROSTHETICS	673	2,307	221,035.63	95.81	.009	328.43	.83
ORTHOTICS	51	70	4,534.49	64.78	.000	88.91	.02
PSYCHOLOGIST	202	555	13,526.62	24.37	.002	66.96	.05
SPEECH AND AUDIOLOGY	1,326	3,996	243,018.38	60.82	.015	183.27	.91
HOSPICE SERVICES	132	2,395	363,343.16	151.71	.009	2752.60	1.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,217	103,208	909,627.56	8.81	.386	98.69	3.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 10,074 6,712,098 1,214,744.31 .18 25.088 120.58 4.54 @CALIF. CHILDREN SERVICES* 4,224 110,829 \$ 8,687,124.12 \$ 78.38 .414 \$ 2056.61 \$ 32.47 @XOVER EXCLUDING STATE HOSP** 26,075 288,941 \$ 4,488,678.97 \$ 15.53 1.080 \$ 172.14 \$ 16.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,941 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	FEE-FOR-SERVICI			45			01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			_
					MON7		
4,840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,234	9,933 \$	2,931,293.30	\$ 295.11	2.052 \$	692.32	\$ 605.64
@PHYSICIANS SERVICES	775	2,424 \$	172,344.15	\$ 71.10	.501 \$	222.38	35.61
OUTPATIENT VISITS	587	800	32,401.86	40.50	.165	55.20	6.69
OFFICE VISITS	395	546	19,535.25	35.78	.113	49.46	4.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	184	208	11,114.40	53.43	.043	60.40	2.30
PREVENTIVE CARE	12	12	469.33	39.11	.002	39.11	.10
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	30	34	1,282.88	37.73	.007	42.76	.27
	143	917	110,082.24	120.05	.189	769.81	22.74
INPATIENT VISITS							
HOSPITAL VISITS	122	401	20,548.00	51.24	.083	168.43	4.25
CRITICAL CARE	32	516	89,534.24	173.52	.107	2797.95	18.50
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	12	603.22	50.27	.002	75.40	.12
EXAMINATIONS	8	12	603.22	50.27	.002	75.40	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	228	9,650.71	42.33	.047	603.17	1.99
PRINCIPAL SURGEON	9	9	6,564.02	729.34	.002	729.34	1.36
ASSISTANT SURGEON	1	1	416.08	416.08	.000	416.08	.09
ANESTHESIOLOGIST	8	218	2,670.61	12.25	.045	333.83	.55
OUTPATIENT SURGERY	30	68	6,458.34	94.98	.014	215.28	1.33
PRINCIPAL SURGEON	24	27	5,070.23	187.79	.006	211.26	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ω	41	1,388.11	33.86	.008	173.51	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
	50						
PATHOLOGY	85	121	529.18	4.37	.025	10.58	.11
RADIOLOGY		115	7,551.19	65.66	.024	88.84	1.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	27	41	397.95	9.71	.008	14.74	.08
OTHER SERVICES/ALL X-OVERS	88	122	4,669.46	38.27	.025	53.06	.96
@PHARMACY	445	966 \$	17,722.23	\$ 18.35	.200 \$	39.83	
PRESCRIPTION DRUGS	434	801	16,462.02	20.55	.165	37.93	3.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	434	801	16,462.02	20.55	.165	37.93	3.40
MEDICAL SUPPLIES	17	165	1,260.21	7.64	.034	74.13	.26
@DENTIST	4	6 \$	160.00	\$ 26.67	.001 \$	40.00	\$.03
VISITS - DIAGNOSTIC	4	6	160.00	26.67	.001	40.00	.03
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0					
PROSTHETICS	0	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ü	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0 0 .00 .00

.00 .000 .00 .000

.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024

FEE-FOR-SERVICE/DENTAL

PAGE 1,942 01/29/04

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	CONTRA COSTA COUNT	SUMMARY OF	SERVICES FOR	185% PROGRAM - INFANTS	AID CODES 47 69
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CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR 185% PI	ROGRAM -	- INFAN'I'S	AΙ	D CODES 47				
							MC			
4,840 ELIGIBLES		S OF SERVIC		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST P	ER	COST PER
		DAYS OF CARI			PΕ	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.	00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		0 0	.00
EYE APPLIANCES	0	0		.00		.00	.000		00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		00 \$	
VISITS	0	Ō	4	.00	- T	.00	.000		00	.00
OTHER SERVICES	Û	Ö		.00		.00	.000		00	.00
@PODIATRIST	Ô	Ő	\$.00	\$.00			00 \$	
MEDICINE/INJECTIONS	Ô	Ő	٧	.00	٧	.00	.000	•	00	.00
SURGERY/ANES.	0	0		.00		.00	.000		00	.00
	0	0		.00		.00	.000		00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		0	.00
OTHER	4	15	Ċ		4					
@HOME HEALTH AGENCY	2		\$	1,122.90	\$	74.86		\$ 280.		
NURSE ANESTHESIST	2	2	\$	129.40	\$	64.70		\$ 64.		
NURSE MIDWIFE	0	0	\$.00	\$.00			00 \$	
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		00 \$	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00			00 \$	
@TOTAL HOSPITAL	367	2,065	\$	1,778,724.14	\$	861.37	.427	\$ 4846.		
HOSP INPATIENT TOTAL	99	1,028		1,746,107.72		1698.55	.212	17637.		360.77
HSC HOSPITALS	82	813		1,404,035.00		1726.98	.168	17122.	38	290.09
NON-HSC HOSPITAL TOTAL	17	215		342,072.72		1591.04	.044	20121.	92	70.68
ACCOMMODATIONS	17	215		180,008.77		837.25	.044	10588.	75	37.19
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.	30	.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00	.00
ALL OTHER ACCOM	16	214		179,777.47		840.08	.044	11236.)9	37.14
ANCILLARIES	17	0		162,063.95		.00	.000	9533.	L7	33.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00	.00
HOSP OUTPATIENT TOTAL	275	1,037		32,616.42		31.45	.214	118.		6.74
MEDICAL	71	99		7,849.27		79.29	.020	110.		1.62
SURGERY	15	23		939.34		40.84	.005	62.		.19
PATHOLOGY	92	417		3,792.00		9.09	.086	41.		.78
RADIOLOGY	66	75		2,793.87		37.25	.015	42.		.58
ROOM USE	236	291		11,018.59		37.25	.060	46.		2.28
	86	132		6,223.35		47.15	.027	72.		1.29
CROSSOVERS/ALL OTH OUTPTNT	24	71	Ċ		4					
@COUNTY HOSPITAL TOTAL	20		\$	74,633.32	Ą	1051.17	.015 .014	\$ 3109.° 3722.°		
CO HOSPITAL INPATIENT TOTAL	20	66 66		74,440.00		1127.88				15.38
HSC HOSPITALS	— -			74,440.00		1127.88	.014	3722.		15.38
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00	.00
ANCILLARIES	0	0		.00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00	.00
CO HOSP OUTPATIENT TOTAL	4	5		193.32		38.66	.001	48.	33	.04
MEDICAL	0	0		.00		.00	.000		0 (.00
SURGERY	0	0		.00		.00	.000		0.0	.00
PATHOLOGY	0	0		.00		.00	.000		00	.00
RADIOLOGY	0	0		.00		.00	.000		00	.00
ROOM USE	4	5		193.32		38.66	.001	48.		.04
	-	3		2,0,02		50.00		-0.		• • •

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,943 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69 ----- MONTHLY AVERAGE -----4,840 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,994 \$ 1,704,090.82 \$ 854.61 .412 \$ 4953.75 \$ 352.08 962 1,671,667.72 1737.70 .199 21160.35 345.39 747 1,329,595.00 1779.91 .154 21445.08 274.71 215 342,072.72 1591.04 .044 20121.92 70.68 344 @COMMUNITY HOSPITAL TOTAL 79 COMM HOSP INPATIENT TOTAL HSC HOSPITALS 62 17 NON-HSC HOSPITALS TOTAL

NON-RSC ROSPITALS TOTAL	1/	215		342,072.72		1591.04	.044		20121.92		70.00
ACCOMMODATIONS	17	215		180,008.77		837.25	.044		10588.75		37.19
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	214		179,777.47		840.08	.044		11236.09		37.14
ANCILLARIES	17	0		162,063.95		.00	.000		9533.17		33.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	271	1,032		32,423.10		31.42	.213		119.64		6.70
MEDICAL	71	99		7,849.27		79.29	.020		110.55		1.62
SURGERY	15	23		939.34		40.84	.005		62.62		.19
PATHOLOGY	92	417		3,792.00		9.09	.086		41.22		.78
RADIOLOGY	66	75		2,793.87		37.25	.015		42.33		.58
ROOM USE	232	286		10,825.27		37.85	.059		46.66		2.24
CROSSOVERS/ALL OTH OUTPTNT	86	132		6,223.35		47.15	.027		72.36		1.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	-	.00	-	.00	.000	т.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	-	.00	-	.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	-	.00	-	.00	.000	т.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	-	.00	-	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	52	\$	1,097.40	\$	21.10		\$	137.18	Ś	.23
HOSPITAL BASED	4	5	•	503.36	•	100.67	.001	•	125.84	•	.10
INDEPENDENT FACILITY	4	47		594.04		12.64	.010		148.51		.12
@LABORATORY FACILITY	11	17	\$	154.15	\$	9.07	.004	\$	14.01	\$.03
PATHOLOGY	11	17	•	154.15	•	9.07	.004	•	14.01	•	.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,042	3,777	\$	947,769.70	\$	250.93	.780	\$	311.56	\$	195.82
CLINIC	0	0	•	.00	•	.00	.000	•	.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,042	3,777		947,769.70		250.93	.780		311.56		195.82
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT R	REPORT			DEC		P.	AGE 1,944
MOP024	FEE-FOR-SERVICE							_		-	01/29/04
CONTRA COSTA COUNT			PROGR	AM - INFANTS	AII	CODES 47	69				, ., -
							M	TNO	HLY AVERA	GE	
4,840 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST					COST PER
,		OR DAYS OF CA				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	59	609	\$	12,069.23	\$.126		204.56	\$	2.49
				·							

DURABLE MED. EQUIP.	9	21		1,318.30	(52.78	.004	146.48	.27
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	580		10,428.36	-	17.98	.120	221.88	2.15
AMBULANCES/AIR TRANS	47	578		6,828.36	-	11.81	.119	145.28	1.41
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	180	00.00	.000	1800.00	.74
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		55.00	Ţ	55.00	.000	55.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	0	0		.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		80.88	4	40.44	.000	80.88	.02
PROSTHETICS	1	2		80.88	4	40.44	.000	80.88	.02
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5		186.69		37.34	.001	93.35	.04
@CALIF. CHILDREN SERVICES*	197	2,152	\$	1,661,669.04	\$ 7	72.15	.445	\$ 8434.87	\$ 343.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM	ONLY;					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,945 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

			-		MC	NTHLY AVERA	GE
13,013 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11,192	66,811 \$	10,157,719.47	\$ 152.04	5.134	\$ 907.59	
@PHYSICIANS SERVICES	4,188	24,751 \$	1,283,642.96	\$ 51.86	1.902	\$ 306.51	\$ 98.64
OUTPATIENT VISITS	1,829	8,088	189,225.44	23.40	.622	103.46	14.54
OFFICE VISITS	319	390	20,823.36	53.39	.030	65.28	1.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	893	940	50,211.80	53.42	.072	56.23	3.86
PREVENTIVE CARE	3	3	125.35	41.78	.000	41.78	.01
OB VISITS/COMPRE PERI	717	6,748	117,807.97	17.46	.519	164.31	9.05
OTHER OUTPATIENT	6	7	256.96	36.71	.001	42.83	.02
INPATIENT VISITS	1,329	4,362	268,821.34	61.63	.335	202.27	20.66
HOSPITAL VISITS	1,286	3,571	135,512.09	37.95	.274	105.37	10.41
CRITICAL CARE	90	790	133,244.24	168.66	.061	1480.49	10.24
SNF/ICF/TRANS IP CARE	1	1	65.01	65.01	.000	65.01	.00
OPHTHALMOLOGICAL SERVICES	7	7	307.14	43.88	.001	43.88	.02
EXAMINATIONS	7	7	307.14	43.88	.001	43.88	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,459	4,755	641,978.72	135.01	.365	440.01	49.33
PRINCIPAL SURGEON	1,200	1,684	524,295.27	311.34	.129	436.91	40.29
ASSISTANT SURGEON	179	179	29,162.40	162.92	.014	162.92	2.24
ANESTHESIOLOGIST	504	2,892	88,521.05	30.61	.222	175.64	6.80
OUTPATIENT SURGERY	317	671	36,322.75	54.13	.052	114.58	2.79
PRINCIPAL SURGEON	297	501	30,637.02	61.15	.038	103.15	2.35

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	85	170	5,685.73	33.45	.013	66.89	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,080	3,941	37,209.41	9.44	.303	34.45	2.86
RADIOLOGY	1,176	1,570	63,178.80	40.24	.121	53.72	4.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	125	321	4,532.90	14.12	.025	36.26	.35
OTHER SERVICES/ALL X-OVERS	789	1,036	42,066.46	40.60	.080	53.32	3.23
@PHARMACY	1,995	5,875	\$ 123,284.86	\$ 20.98	.451	\$ 61.80	\$ 9.47
PRESCRIPTION DRUGS	1,796	3,351	93,196.75	27.81	.258	51.89	7.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,796	3,351	93,196.75	27.81	.258	51.89	7.16
MEDICAL SUPPLIES	338	2,524	30,088.11	11.92	.194	89.02	2.31
@DENTIST	25	94	\$ 1,497.50	\$ 15.93	.007	\$ 59.90	\$.12
VISITS - DIAGNOSTIC	20	71	429.50	6.05	.005	21.48	.03
ORAL SURGERY	6	8	465.00	58.13	.001	77.50	.04

DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	1	1	.00		.00	.000		.00		.00
ENDODONTICS	2	2	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	12	603.00	-	50.25	.001		201.00		.05
PROSTHETICS	0	0	.00	~	.00	.000		.00		.00
	0	0	.00			.000				.00
DENTURES, STAYPLATES	0	0			.00			.00		
SPACE MAINTAINERS	U	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	U	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	Ü	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES N	MONTH-OF-PAYMENT	REPORT FO	OR JAN 2	2003 THRU 1	DEC	2003	P.	AGE 1,946
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	ICES FOR 185% PROGRA	AM - PREGNANT	AID CODES	3 44 48	49				
						M	ONT	HLY AVERA	GE	
13,013 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAY		COST PER		COST PER
15,015 22161222	05210	OR DAYS OF CARE			IIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000		.00	\$.00
	0	0	.00	Ą	.00	.000	Ą	.00	Ą	.00
DIAGNOSTIC AND ANC. PROCED	0									
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U	0	.00	4.	.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	32	44 \$	2,399.24	\$ 5	54.53	.003	\$	74.98	\$.18
NURSE ANESTHESIST	156	599 \$	18,052.85	•	30.14	.046	\$	115.72	\$	1.39
NURSE MIDWIFE	12	20 \$	2,051.96	•	2.60	.002	\$	171.00	Š	.16
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ġ ±0	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	2,241	- 1	5,003,180.87	•	92.72	.649	\$	2232.57	\$ \$	384.48
		8,441 \$					Ą		Þ	
HOSP INPATIENT TOTAL	1,233	3,942	4,900,285.51		13.10	.303		3974.28		376.57
HSC HOSPITALS	1,083	3,191	4,045,040.45		57.64	. 245		3735.03		310.85
NON-HSC HOSPITAL TOTAL	157	746	854,405.06		15.32	.057		5442.07		65.66
ACCOMMODATIONS	157	746	426,203.87		71.32	.057		2714.67		32.75
ADMINISTRATIVE DAYS	3	11	2,544.30	23	31.30	.001		848.10		.20
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	155	735	423,659.57	57	76.41	.056		2733.29		32.56
ANCILLARIES	156	0	428,201.19		.00	.000		2744.88		32.91
INPATIENT CROSSOVERS	1	5	840.00	16	8.00	.000		840.00		.06
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,175	4,499	102,895.36	2	22.87	.346		87.57		7.91
MEDICAL	103	127	5,474.09		13.10	.010		53.15		.42
SURGERY	79	132	3,294.30		24.96	.010		41.70		. 25
PATHOLOGY	578	2,183	22,843.35		0.46	.168		39.52		1.76
RADIOLOGY	328	377	23,177.70		51.48	.029		70.66		1.78
ROOM USE	698	902	33,506.77		37.15	.069		48.00		2.57
			14,599.15		8.76					
CROSSOVERS/ALL OTH OUTPTNT	454	778				.060	4	32.16	4	1.12
@COUNTY HOSPITAL TOTAL	668	1,853 \$	1,884,059.69	\$ 101		.142	\$	2820.45	\$	144.78
CO HOSPITAL INPATIENT TOTAL	633	1,643	1,878,671.46		13.44	.126		2967.89		144.37
HSC HOSPITALS	633	1,643	1,878,671.46	114	13.44	.126		2967.89		144.37
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00

ALL OTHER ACCOM	0 0 0 0 36	0		.00 .00 .00 .00 5,388.23 41.79 543.72		.00	.000		.00		.00
ANCILLARIES	0	0 0 0 210 3 20 88 2		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	36	210		5.388.23		25.66	.016		149.67		.41
MEDICAL	3	2		11 70		13.93	.000		13.93		.00
SURGERY	3 15 20 1 20	20		E42 72		27.19	.002		36.25		.04
SURGER I	13	20		1 405 51							
PATHOLOGY	20	88		1,403.31		15.97	.007		70.28		.11
RADIOLOGY	1	2		116.09		58.05	.000		116.09		.01
	20	42		2,480.30		59.05	.003		124.02		.19
CROSSOVERS/ALL OTH OUTPTNT	23	33		800.82		14.56	.004		34.82		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONT	TH-OF-PAYMENT F	REPORT	' FOR JAN 2	003 THRU	DEC	2003	PP	GE 1,947
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR 185% PRO	GRAM -	- PREGNANT A	AID CO	DES 44 48	49				
							M	ONT	HLY AVERA	GE -	
13,013 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1 590		\$	3,119,121.18		473.45	.506		1961.71		
COMM HOSP INPATIENT TOTAL	1,330 60E	2,299	Y	3,021,614.05		1314.32	.177	Y	4994.40	Ÿ	232.20
COMM HOSP INPALLENT TOTAL	454	•		·					4771.74		
HSC HOSPITALS	454	1,548		2,166,368.99		1399.46	.119				166.48
NON-HSC HOSPITALS TOTAL	15/	746 746		854,405.06		1145.32	.057		5442.07		65.66
ACCOMMODATIONS	157	746		426,203.87		571.32	.057		2714.67		32.75
ADMINISTRATIVE DAYS	3	11		2,544.30		231.30	.001		848.10		.20
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	155	735		423,659.57		576.41	.056		2733.29		32.56
ANCILLARIES	156	0		428,201.19		.00	.000		2744.88		32.91
INPATIENT CROSSOVERS	1 0	5		840.00		168.00	.000		840.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1.140	4.289		97,507.13		22.73	.330		85.53		7.49
MEDICAL	100	746 11 0 735 0 5 0 4,289		5,432.30		43.81	.010		54.32		.42
MEDICAL SURGERY PATHOLOGY RADIOLOGY	64			2,750.58		24.56	.009		42.98		.21
DATIOLOGY	F F O	112 2,095		21,437.84		10.23	.161		38.35		1.65
PATHOLOGY	227	•									
RADIOLOGY	327	375		23,061.61		61.50	.029		70.52		1.77
ROOM USE	678	860		31,026.47		36.08	.066		45.76		2.38
CROSSOVERS/ALL OTH OUTPTNT		723		13,798.33	4.	19.08	.056	4.	31.94		1.06
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	بغ	.00	ė.	.00
	0	0	Ą		Ą			Ą		Ą	
ICF DDH	0			.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,443		\$	64,760.00	\$	15.09	.330	\$	44.88	\$	4.98
PATHOLOGY	1,437	4,279	т	64,058.30	۲	14.97	.329	4	44.58	~	4.92
XO AND OTHERS	12	12		701.70		58.48	.001		58.48		.05
@ORGANIZED OUTPATIENT CLINIC	6,870		\$	3,556,157.98	\$	172.73	1.582	بغ	517.64	\$	273.28
		20,588 9,627	ų		Ą	27.31	.740	\$		Ą	20.21
CLINIC	1,683	9,02/		262,948.78		41.3⊥	. /40		156.24		∠∪.∠⊥

.00 .00 SURGICENTER 0 0 .00 .000 .00 .000 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 RURAL HEALTH CLINIC 5,317 10,961 3,293,209.20 300.45 .842 619.37 253.07 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,948 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						Mo	ONTHLY AVERA	GE
13,013 ELIGIBLES	USERS UN	IITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
	C	R DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	918	2,108	\$	102,691.25	\$ 48.72	.162	\$ 111.86	\$ 7.89
DURABLE MED. EQUIP.	6	6		598.72	99.79	.000	99.79	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	141	1,314		22,324.01	16.99	.101	158.33	1.72
AMBULANCES/AIR TRANS	141	1,311		16,924.01	12.91	.101	120.03	1.30
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00	.41
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	733	734		75,733.75	103.18	.056	103.32	5.82
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	46	54		3,995.45	73.99	.004	86.86	.31
PROSTHETICS	15	22		1,217.32	55.33	.002	81.15	.09
ORTHOTICS	31	32		2,778.13	86.82	.002	89.62	.21
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		39.32	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	59	983	\$	780,604.05	•	.076	\$ 13230.58	•
@XOVER EXCLUDING STATE HOSP**	1	0	\$	840.00	\$.00	.000	\$ 840.00	\$.06
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	: INFORMATION I	TEM ONLY	7;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CRITICAL CARE

PAGE 1,949 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

----- MONTHLY AVERAGE -----518 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 234 768 74,615.45 \$ 97.16 1.483 \$ 318.87 \$ 144.05 @TOTAL, ALL PROVIDERS

 97.16
 1.483
 \$ 318.87
 \$ 144.05

 45.12
 .264
 \$ 143.75
 \$ 11.93

 28.95
 .097
 72.38
 2.79

 26.93
 .012
 26.93
 .31

 .00
 .000
 .00
 .00

 60.50
 .027
 77.00
 1.64

 .00
 .000
 .00
 .00

 14.64
 .058
 109.79
 .85

 .00
 .000
 .00
 .00

 67.13
 .021
 147.70
 1.43

 44.27
 .015
 88.55
 .68

 128.10
 .006
 384.29
 .74

 43 137 6,181.38 \$ @PHYSICIANS SERVICES 50 OUTPATIENT VISITS 20 1,447.66 6 161.55 OFFICE VISITS 6 HOME VISITS 0 0 .00 EMERGENCY ROOM 11 14 846.95 0 0 PREVENTIVE CARE .00 30 4 439.16 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 5 11 738.48 INPATIENT VISITS 8 354.19 HOSPITAL VISITS

384.29

3

SNF/ICF/TRANS IP CARE	0	()	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	(.00		.00	.000		.00		.00
EXAMINATIONS	0	(.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	(-	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	2	-	3,189.62		118.13	.052	-	398.70		6.16
PRINCIPAL SURGEON	5	۵.		2,567.55		427.93	.012		513.51		4.96
									.86.50		
ASSISTANT SURGEON	1	-		186.50		186.50	.002				.36
ANESTHESIOLOGIST	3	20		435.57		21.78	.039	_	45.19		.84
OUTPATIENT SURGERY	Ţ	=	L	28.29		28.29	.002		28.29		.05
PRINCIPAL SURGEON	1	=	L	28.29		28.29	.002		28.29		.05
ASSISTANT SURGEON	0	(.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	()	.00		.00	.000		.00		.00
DIALYSIS	0	()	.00		.00	.000		.00		.00
PATHOLOGY	15	41	L	541.27		13.20	.079		36.08		1.04
RADIOLOGY	2		2	35.63		17.82	.004		17.82		.07
PSYCHIATRY	0	(.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1		-	10.93		10.93	.002		10.93		.02
	4	-		189.50		47.38	.002		47.38		.37
OTHER SERVICES/ALL X-OVERS	2.4				d			4		4	
@PHARMACY	34	5		1,727.53	\$	30.31		\$	50.81	\$	3.34
PRESCRIPTION DRUGS	32	53		1,657.92		31.28	.102		51.81		3.20
SNF/ICF	0	(.00		.00	.000		.00		.00
OUTPATIENTS	32	53		1,657.92		31.28	.102		51.81		3.20
MEDICAL SUPPLIES	3	4	4	69.61		17.40	.008		23.20		.13
@DENTIST	3	20) \$.00	\$.00	.039	\$.00	\$.00
VISITS - DIAGNOSTIC	3	15	5	.00		.00	.029		.00		.00
ORAL SURGERY	1	_	L	.00		.00	.002		.00		.00
DRUGS	0	(.00		.00	.000		.00		.00
ANESTHESIA	0	Č	ń	.00		.00	.000		.00		.00
PERIODONTICS	0	())	.00		.00	.000		.00		.00
	0))	.00		.00	.000		.00		.00
ENDODONTICS	0) 1								
RESTORATIVE DENTISTRY	2	4	±	.00		.00	.008		.00		.00
PROSTHETICS	0	()	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	()	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	()	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	()	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	()	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	()	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	()	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPEND	TTIRES M	ONTH-OF-PAYMENT R	RPORT			DEC 20		ī	PAGE 1,950
MOP024	FEE-FOR-SERVICE		LIORED II		CDI OICI	1010 01110	2003 111110	DDC 20	, 0 5	-	01/29/04
CONTRA COSTA COUNT			שטח עגר	PARTUM PROGRAM		AID CODE	76				01/25/04
CONTRA COSTA COUNT	SUMMARI OF SER	VICES FOR 00-1	JAI PUSI	PARTOM PROGRAM		AID CODE	. 70 M		מ כו יידע מ	C E	
F10 BLIGIBLES	HGEDG	INITED OF CERT	7T CE	EADEMDIMIDEC	7, 7, 7, 77					1GE	
518 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAY		T PER		COST PER
		OR DAYS OF (0.0			PER ELIG		JSER		ELIGIBLE
@OPTOMETRIST	0	(т т	.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	(.00		.00	.000		.00		.00
EYE APPLIANCES	0	(-	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	(-	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	() \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	()	.00		.00	.000		.00		.00
OTHER SERVICES	0	(.00		.00	.000		.00		.00
@PODIATRIST	0	(.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	n	(.00	~	.00	.000	~	.00	Y	.00
SURGERY/ANES.	0	(-	.00		.00	.000		.00		.00
	0	(.00					.00		
RADIO./PATHOLOGY	U		-			.00	.000				.00
OTHER	U	(-	.00		.00	.000		.00	_	.00
@HOME HEALTH AGENCY	Ü	(~	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST	0	() \$.00	Ş	.00	.000	\$.00	Ş	.00
NURSE MIDWIFE	0	() \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	() \$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	61	\$ 26,875.68	\$	440.58	.118	\$ 1919.69	\$	51.88
HOSP INPATIENT TOTAL	7	16	26,082.78		1630.17	.031	3726.11		50.35
HSC HOSPITALS	3	7	10,040.03		1434.29	.014	3346.68		19.38
NON-HSC HOSPITAL TOTAL	4	9	16,042.75		1782.53	.017	4010.69		30.97
ACCOMMODATIONS	4	9	3,885.80		431.76	.017	971.45		7.50
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	4	9	3,885.80		431.76	.017	971.45		7.50
ANCILLARIES	4	0	12,156.95		.00	.000	3039.24		23.47
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8	45	792.90		17.62	.087	99.11		1.53
MEDICAL	3	5	70.40		14.08	.010	23.47		.14
SURGERY	1	2	8.66CI	3.	4.33CR	.004	8.66CR	2	.02CR
PATHOLOGY	4	20	149.88		7.49	.039	37.47		.29

RADIOLOGY	1	1	24.23	24.23	.002	24.23	.05
ROOM USE	8	10	487.37	48.74	.019	60.92	.94
CROSSOVERS/ALL OTH OUTPTNT	4	7	69.68	9.95	.014	17.42	.13
@COUNTY HOSPITAL TOTAL	2	, 15 \$	5,006.90	\$ 333.79		1668.97	
	3						
CO HOSPITAL INPATIENT TOTAL	2	4	4,640.03	1160.01	.008	2320.02	8.96
HSC HOSPITALS	2	4	4,640.03	1160.01	.008	2320.02	8.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ô	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	366.87	33.35	.021	366.87	.71
MEDICAL	1	1	8.97	8.97	.002	8.97	.02
	1	2	56.67	28.34	.004	56.67	.11
SURGERY	1	2					
PATHOLOGY	1	1	50.03	50.03	.002	50.03	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	209.07	69.69	.006	209.07	.40
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.13	10.53	.008	42.13	.08
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 1,951
MOP024	FEE-FOR-SERVICE		VIII OI IIIIIIIIII KE	10101 1010 07110 2	1005 TIMO DEC	. 2005	01/29/04
			DADELIM DDOGDAM	ATD CODE	7.6		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV.	ICES FOR 60-DAY POST	PARIUM PROGRAM	AID CODE			
					MONT		
518 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	46 \$	21,868.78	\$ 475.41	.089 \$	1988.07	\$ 42.22
COMM HOSP INPATIENT TOTAL	5	12	21,442.75	1786.90	.023	4288.55	41.40
HSC HOSPITALS	1	3	5,400.00	1800.00	.006	5400.00	10.42
	1						
NON-HSC HOSPITALS TOTAL	4	9	16,042.75	1782.53	.017	4010.69	30.97
ACCOMMODATIONS	4	9	3,885.80	431.76	.017	971.45	7.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9	3,885.80	431.76	.017	971.45	7.50
ANCILLARIES	4	0	12,156.95	.00	.000	3039.24	23.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	<u>U</u>		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	./	34	426.03	12.53	.066	60.86	.82
MEDICAL	2	4	61.43	15.36	.008	30.72	.12
SURGERY	0	0	65.33CR	.00	.000	.00	.13CR
PATHOLOGY	3	19	99.85	5.26	.037	33.28	.19
RADIOLOGY	1	1	24.23	24.23	.002	24.23	.05
ROOM USE	7	7	278.30	39.76	.014	39.76	.54
	7	7					
CROSSOVERS/ALL OTH OUTPTNT	3	3	27.55	9.18	.006	9.18	.05
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
LEV B-REHAB MD	0			.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	n	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00		.000	.00	
	0			.00			.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34		57	\$	1,400.62	\$	24.57	.110	\$	41.19	\$	2.70
PATHOLOGY	34		57	•	1,400.62	•	24.57	.110		41.19	•	2.70
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	147		379	\$	37,618.35	\$	99.26	.732	\$	255.91	\$	72.62
CLINIC	66		282	•	7,249.01	•	25.71	.544		109.83	•	13.99
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	83		97		30,369.34		313.09	.187		365.90		58.63
#CALIF DEPT OF HEALTH SERV		ES AND EXE	PENDITUR	ES M	ONTH-OF-PAYMENT F	REPORT			DEC		P.	AGE 1,952
MOP024	FEE-FOR-SERVICE		_	-		-						01/29/04
CONTRA COSTA COUNT			60-DAY	POST	PARTUM PROGRAM		AID CODE	76				, , , ,
								N	IONT	HLY AVERA	GE	
518 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
	0.0	OR DAYS						PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8		57	\$	811.89	\$	14.24	.110		101.49	\$	1.57
DURABLE MED. EQUIP.	0		0	т.	.00	т.	.00	.000	т.	.00	т	.00
BLOOD BANK	0		Ō		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7		55		800.01		14.55	.106		114.29		1.54
AMBULANCES/AIR TRANS	7		55		800.01		14.55	.106		114.29		1.54
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	1		2		11.88		5.94	.004		11.88		.02
EPSDT SUPPLEMENTAL SERVICE	0		n		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0		0		.00		.00	.000		.00		.00
THE CHIEK ENCYLDENC	0		0	_	.00		.00	.000	_	.00	_	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

0

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

5,865.68 \$

.00 \$

837.95

.00

.014 \$ 5865.68 \$

.000 \$.00 \$

11.32

						Mo	NTHLY AVERA	AGE	
18,371 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAY:	COST PER		COST PER
		OR DAYS OF CARE		PER UN	IT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15,660	77,512	\$ 13,163,628.22	\$ 16	9.83	4.219	\$ 840.59	\$	716.54
@PHYSICIANS SERVICES	5,006	27,312	\$ 1,462,168.49	\$ 5	3.54	1.487	\$ 292.08	\$	79.59

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,953 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

OUTPATIENT VISITS	2,436	8,938	223,074.96	24.96	.487	91.57	12.14
OFFICE VISITS	720	942	40,520.16	43.02	.051	56.28	2.21
	0	0	.00	.00	.000	.00	.00
HOME VISITS	-						
EMERGENCY ROOM	1,088	1,162	62,173.15	53.51	.063	57.14	3.38
PREVENTIVE CARE	15	15	594.68	39.65	.001	39.65	.03
OB VISITS/COMPRE PERI	721	6,778	118,247.13	17.45	.369	164.00	6.44
	36	41	1,539.84	37.56	.002	42.77	.08
OTHER OUTPATIENT							
INPATIENT VISITS	1,477	5,290	379,642.06	71.77	.288	257.04	20.67
HOSPITAL VISITS	1,412	3,980	156,414.28	39.30	.217	110.77	8.51
CRITICAL CARE	123	1,309	223,162.77	170.48	.071	1814.33	12.15
SNF/ICF/TRANS IP CARE	1	1	65.01	65.01	.000	65.01	.00
OPHTHALMOLOGICAL SERVICES	15	19	910.36	47.91	.001	60.69	.05
EXAMINATIONS	15	19	910.36	47.91	.001	60.69	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,483	5,010	654,819.05	130.70	.273	441.55	35.64
							29.04
PRINCIPAL SURGEON	1,214	1,699	533,426.84	313.97	.092	439.40	
ASSISTANT SURGEON	181	181	29,764.98	164.45	.010	164.45	1.62
ANESTHESIOLOGIST	515	3,130	91,627.23	29.27	.170	177.92	4.99
OUTPATIENT SURGERY	348	740	42,809.38	57.85	.040	123.02	2.33
	322	529	35,735.54	67.55		110.98	1.95
PRINCIPAL SURGEON					.029		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	93	211	7,073.84	33.53	.011	76.06	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,145	4,103	38,279.86	9.33	.223	33.43	2.08
			*				
RADIOLOGY	1,263	1,687	70,765.62	41.95	.092	56.03	3.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	153	363	4,941.78	13.61	.020	32.30	.27
OTHER SERVICES/ALL X-OVERS	881	1,162	46,925.42	40.38	.063	53.26	2.55
	2,474		142,734.62	\$ 20.69	.375 \$		
@PHARMACY						57.69	•
PRESCRIPTION DRUGS	2,262	4,205	111,316.69	26.47	.229	49.21	6.06
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,262	4,205	111,316.69	26.47	.229	49.21	6.06
MEDICAL SUPPLIES	358	2,693	31,417.93	11.67	.147	87.76	1.71
@DENTIST	32	120 \$	1,657.50	\$ 13.81	.007 \$	51.80	
VISITS - DIAGNOSTIC	27	92	589.50	6.41	.005	21.83	.03
ORAL SURGERY	7	9	465.00	51.67	.000	66.43	.03
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0					
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	16	603.00	37.69	.001	120.60	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	-						
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,954
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT		ICES FOR 185% AND 60	-DAY PP TOTAL COL	DES 44 47 48 49	69 76		
CONTINI CODIII COOMI	BOILING OF BEICV	1010 1010 1000 1110	DIII 11 1011111, col	228 11 17 10 13	MONT	יעב אניבט אינ	CF
10 201 01 0000							
18,371 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
		•					
EVE ADDITANCEC	0	Λ	$\cap \cap$	$\cap \cap$	$\cap \cap \cap$	(11/1	(1)(1)
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ō	.00	.00	.000	.00	.00
	•	· ·				.00	.00
OTHER OPTOMETRIC SERVICES	0	Ō	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MEDICINE/INJECTIONS	0	0	т	.00	т.	.00	.000	т	.00	т.	.00
SURGERY/ANES.	Ů.	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0										
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	36	59	\$		\$	59.70	.003	\$	97.84	\$.19
NURSE ANESTHESIST	158	601	\$	18,182.25	\$	30.25	.033	\$	115.08	\$.99
NURSE MIDWIFE	12	20	\$	2,051.96	\$	102.60	.001	\$	171.00	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,622	10,567	\$	6,808,780.69	Ġ	644.34		\$	2596.79	Ś	370.63
HOSP INPATIENT TOTAL		4,986	Ą		Ą	1338.24	.271	Ų	4983.18	Ą	363.21
	1,339			6,672,476.01							
HSC HOSPITALS	1,168	4,011		5,459,115.48		1361.04	.218		4673.90		297.16
NON-HSC HOSPITAL TOTAL	178	970		1,212,520.53		1250.02	.053		6811.91		66.00
ACCOMMODATIONS	178	970		610,098.44		628.97	.053		3427.52		33.21
ADMINISTRATIVE DAYS	4	12		2,775.60		231.30	.001		693.90		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	175	958		607,322.84		633.95	.052		3470.42		33.06
ANCILLARIES	177	0		602,422.09		.00	.000		3403.51		32.79
INPATIENT CROSSOVERS	1	5		840.00		168.00	.000		840.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
									93.49		
HOSP OUTPATIENT TOTAL	1,458	5,581		136,304.68		24.42	.304				7.42
MEDICAL	177	231		13,393.76		57.98	.013		75.67		.73
SURGERY	95	157		4,224.98		26.91	.009		44.47		.23
PATHOLOGY	674	2,620		26,785.23		10.22	.143		39.74		1.46
RADIOLOGY	395	453		25,995.80		57.39	.025		65.81		1.42
ROOM USE	942	1,203		45,012.73		37.42	.065		47.78		2.45
CROSSOVERS/ALL OTH OUTPTNT		917		20,892.18		22.78	.050		38.40		1.14
@COUNTY HOSPITAL TOTAL	695	1,939	\$	1,963,699.91	\$	1012.74	.106	\$	2825.47	\$	106.89
CO HOSPITAL INPATIENT TOTAL	655	1,713		1,957,751.49		1142.88	.093		2988.93		106.57
HSC HOSPITALS	655	1,713		1,957,751.49		1142.88	.093		2988.93		106.57
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	O O	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	41	226									
CO HOSP OUTPATIENT TOTAL				5,948.42		26.32	.012		145.08		.32
MEDICAL	4	4		50.76		12.69	.000		12.69		.00
SURGERY	16	22		600.39		27.29	.001		37.52		.03
PATHOLOGY	21	89		1,455.54		16.35	.005		69.31		.08
RADIOLOGY	1	2		116.09		58.05	.000		116.09		.01
ROOM USE	25	50		2,882.69		57.65	.003		115.31		.16
CROSSOVERS/ALL OTH OUTPTNT		59		842.95		14.29	.003		35.12		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,955
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR 185% AN	1D 60	-DAY PP TOTAL, COI	DES	44 47 48 4	9 69 76				
							M	TIC	HLY AVERA	GE -	
18,371 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,945	8,628	\$	4,845,080.78	\$.470				263.74
COMM HOSP INPATIENT TOTAL	689	3,273		4,714,724.52	•	1440.49	.178	•	6842.85		256.64
HSC HOSPITALS	517	2,298		3,501,363.99		1523.66	.125		6772.46		190.59
NON-HSC HOSPITALS TOTAL	178	970		1,212,520.53		1250.02	.053		6811.91		66.00
ACCOMMODATIONS	178	970		610,098.44		628.97	.053		3427.52		33.21
ACCOMMODATIONS ADMINISTRATIVE DAYS	4	12		2,775.60		231.30	.001		693.90		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
IMMOTITONAL IF CARE	· ·	U		.00		.00	.000		.00		.00

ALL OTHER ACCOM	175	958	607,322.84	633.95	.052	3	3470.42	33.06
ANCILLARIES	177	0	602,422.09	.00	.000	3	3403.51	32.79
INPATIENT CROSSOVERS	1	5	840.00	168.00	.000		840.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	1,418	5,355	130,356.26	24.34	.291		91.93	7.10
MEDICAL	173	227	13,343.00	58.78	.012		77.13	.73
SURGERY	79	135	3,624.59	26.85	.007		45.88	.20
PATHOLOGY	654	2,531	25,329.69	10.01	.138		38.73	1.38
RADIOLOGY	394	451	25,879.71	57.38	.025		65.68	1.41
ROOM USE	917	1,153	42,130.04	36.54	.063		45.94	2.29
CROSSOVERS/ALL OTH OUTPINT	521	858	20,049.23	23.37	.047		38.48	1.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ġ	.00	.000	\$.00	\$.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
-	0	0		.00					.00		
ICF DD	0	<u> </u>				.00	.000				.00
ICF DDN/DDCN	0	0		.00	_	.00	.000	_	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	52	\$	1,097.40	\$	21.10	.003	\$	137.18	\$.06
HOSPITAL BASED	4	5		503.36		100.67	.000		125.84		.03
INDEPENDENT FACILITY	4	47		594.04		12.64	.003		148.51		.03
@LABORATORY FACILITY	1,488	4,365	\$	66,314.77	\$	15.19	.238	\$	44.57	\$	3.61
PATHOLOGY	1,482	4,353		65,613.07		15.07	.237		44.27		3.57
XO AND OTHERS	. 12	. 12		701.70		58.48	.001		58.48		.04
@ORGANIZED OUTPATIENT CLINIC	10,059	24,744	Ś	4,541,546.03	Ś	183.54	1.347	\$	451.49	\$	247.21
CLINIC	1,749	9,909	т	270,197.79	Ψ	27.27	.539	Ψ.	154.49	Ψ.	14.71
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8,442	14,835		4,271,348.24		287.92	.808		505.96		232.50
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	EC MC					חפר		D	AGE 1,956
MOP024	FEE-FOR-SERVICE		ES MC	MIII-OF-PAIMENT RE	FORT	POR UAN 2	. 07111 5002	טייכ	2003	F.	01/29/04
CONTRA COSTA COUNT		/ICES FOR 185% ANI	D C0	DAY DD MOMAI GOE	DEG 44	47 40 40	0 60 76				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR 103% ANI	00-	DAY PP TOTAL, COL	JES 44	4/4045			TIT 3/ 3 T/DD 3	C F	
18,371 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	77777		UNITS/DAY		HLI AVERA COST PER		COST PER
10,3/1 ELIGIBLES	USERS	OR DAYS OF CARE		FYLFUDIIOKES				5		'	
CALL OFFIER PROTERRE		OR DAIS OF CARE							TICED		
	005		4	115 570 27			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	985	2,774	\$	115,572.37	РЕR \$	41.66	.151		117.33		6.29
DURABLE MED. EQUIP.	15	2,774 27	\$	1,917.02		41.66 71.00	.151 .001		117.33 127.80		6.29 .10
DURABLE MED. EQUIP. BLOOD BANK	15 0	2,774 27 0	\$	1,917.02 .00		41.66 71.00 .00	.151 .001 .000		117.33 127.80 .00		6.29 .10 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	15 0 0	2,774 27 0 0	\$	1,917.02 .00 .00		41.66 71.00 .00	.151 .001 .000		117.33 127.80 .00		6.29 .10 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	15 0 0 195	2,774 27 0 0 1,949	\$	1,917.02 .00 .00 33,552.38		41.66 71.00 .00 .00 17.22	.151 .001 .000 .000		117.33 127.80 .00 .00		6.29 .10 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	15 0 0 195 195	2,774 27 0 0 1,949 1,944	\$	1,917.02 .00 .00		41.66 71.00 .00 .00 17.22 12.63	.151 .001 .000		117.33 127.80 .00 .00 172.06 125.91		6.29 .10 .00 .00 1.83 1.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	15 0 0 195	2,774 27 0 0 1,949	\$	1,917.02 .00 .00 33,552.38		41.66 71.00 .00 .00 17.22	.151 .001 .000 .000		117.33 127.80 .00 .00		6.29 .10 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	15 0 0 195 195	2,774 27 0 0 1,949 1,944	\$	1,917.02 .00 .00 33,552.38 24,552.38	\$	41.66 71.00 .00 .00 17.22 12.63	.151 .001 .000 .000 .106		117.33 127.80 .00 .00 172.06 125.91		6.29 .10 .00 .00 1.83 1.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	15 0 0 195 195	2,774 27 0 0 1,949 1,944	\$	1,917.02 .00 .00 33,552.38 24,552.38	\$	41.66 71.00 .00 .00 17.22 12.63 .00	.151 .001 .000 .000 .106 .106		117.33 127.80 .00 .00 172.06 125.91		6.29 .10 .00 .00 1.83 1.34
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	15 0 0 195 195 0 5	2,774 27 0 0 1,949 1,944 0 5	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00	.151 .001 .000 .000 .106 .106 .000		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00		6.29 .10 .00 .00 1.83 1.34 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	15 0 0 195 195 0 5	2,774 27 0 0 1,949 1,944 0 5	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00	.151 .001 .000 .000 .106 .106 .000		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00		6.29 .10 .00 .00 1.83 1.34 .00 .49
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	15 0 0 195 195 0 5 0	2,774 27 0 0 1,949 1,944 0 5 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00	.151 .001 .000 .000 .106 .106 .000 .000		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	15 0 0 195 195 0 5 0 0 734	2,774 27 0 0 1,949 1,944 0 5 0 0 735	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 75,788.75	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00 .00 103.11	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 103.25		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	15 0 0 195 195 0 5 0 0 734 0	2,774 27 0 0 1,949 1,944 0 5 0 0 735	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 75,788.75 .00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00 .00 103.11 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 103.25 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	15 0 0 195 195 0 5 0 0 734	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .75,788.75 .00 .00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00 .00 .00 103.11 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	15 0 0 195 195 0 5 0 0 734 0 0	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .75,788.75 .00 .00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 103.25 .00 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	15 0 0 195 195 0 5 0 734 0 0 0	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .75,788.75 .00 .00 .00	\$	41.66 71.00 .00 .00 17.22 12.63 .00 800.00 .00 .00 103.11 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	15 0 0 195 195 0 5 0 0 734 0 0 0 0 0	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .75,788.75 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .00		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	15 0 0 195 195 0 5 0 0 734 0 0 0 0 0 47 16	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .00 .00 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .0		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	15 0 0 195 195 0 5 0 0 734 0 0 0 0 0 47 16 31	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0 0 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .75,788.75 .00 .00 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .0		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	15 0 0 195 195 195 0 0 734 0 0 0 0 0 47 16 31	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0 0 0 5 6 24 32 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .00 .00 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	15 0 0 195 195 195 0 0 0 734 0 0 0 0 0 47 16 31 0	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0 0 0 5 6 24 32 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .00 .00 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .		6.29 .10 .00 .00 1.83 1.34 .00 .00 4.13 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	15 0 0 195 195 195 0 0 734 0 0 0 0 0 47 16 31	2,774 27 0 0 1,949 1,944 0 5 0 0 735 0 0 0 0 0 5 6 24 32 0	\$	1,917.02 .00 .00 33,552.38 24,552.38 .00 9,000.00 .00 .00 .00 .00 .00 .00 .00 .00	\$	41.66 71.00 .00 .00 .17.22 12.63 .00 800.00 .00 .00 .00 .00 .00 .00 .00	.151 .001 .000 .000 .106 .106 .000 .000 .00		117.33 127.80 .00 .00 172.06 125.91 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .		6.29 .10 .00 .00 1.83 1.34 .00 .49 .00 .00 4.13 .00 .00 .00

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NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

[@]XOVER EXCLUDING STATE HOSP** 1 0 \$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,957 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 16

01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED ----- MONTHLY AVERAGE -----2,473 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,053,077.54 Ś 7.05 60.410 S 524.44 S 425.83 @PHYSICIANS SERVICES 13,041.13 \$ 12.44 .424 \$ 38.58 \$ 5.27 57.20 .000 57.20 57.20 .02 OUTPATIENT VISITS OFFICE VISITS 57.20 57.20 .000 57.20 .02 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT .00 .000 .00 .00 . 00 .000 . 00 . 00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 25.00 OPHTHALMOLOGICAL SERVICES 100.01 .002 25.00 .04 100.01 25.00 .002 25.00 EXAMINATIONS . 04 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 ASSISTANT SURGEON . 00 . 000 . 00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY . 00 .000 . 00 . 00 .00 .000 RADIOLOGY .00 .00 .00 .00 .00 **PSYCHIATRY** .000 .00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 334 OTHER SERVICES/ALL X-OVERS 12.883.92 12.35 . 422 38.57 5.21 1,760 @PHARMACY 498,925.62 \$ 14.58 13.834 \$ 283.48 \$ 201.75 1,740 474,254.69 272.56 PRESCRIPTION DRUGS 60.86 3.151 191.77 SNF/ICF 66 551 25,692.94 46.63 .223 389.29 10.39 181.38 1,684 262 87 56 12 7,242 448,561.75 61.94 2.928 266.37 OUTPATIENTS 1,684 MEDICAL SUPPLIES 26,418 24,670.93 .93 10.683 94.16 9.98 .117 \$ @DENTIST 289 14,264.00 \$ 49.36 163.95 \$ 5.77 11.93 .076 40.04 VISITS - DIAGNOSTIC 188 2,242.00 . 91 ORAL SURGERY 14 813.00 58.07 .006 67.75 .33 0 0 3 .00 .00 .00 .000 . 00 DRUGS ANESTHESIA 3 12 1 12 2 17 3 300.00 100.00 .001 100.00 .12 13 1,533.00 117.92 127.75 .005 .62 PERIODONTICS 13 1 32 2 31 0 0 0 0 215.00 .000 215.00 ENDODONTICS 215.00 .09 2,781.00 86.91 231.75 RESTORATIVE DENTISTRY .013 1.12 .001 80.00 40.00 40.00 PROSTHETICS . 0.3 6,300.00 DENTURES, STAYPLATES 203.23 .013 370.59 2.55 0 .00 .00 SPACE MAINTAINERS .00 .000 .00 .00 .00 .00 .000 MAXILLOFACIAL SERVICES .00 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES .00 .000 .00 .00 .00 .00 .002 .00 .00 ALL OTHER SERVICES 4 PAGE 1,958

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD -	AGED		AID CODE	16			
							MC		ERAGE	
2,473 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPEN	DITURES	AVER	AGE COST	UNITS/DAYS	COST P	ER	COST PER
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	23	63	\$ 1	,204.55	\$	19.12	.025	\$ 52.	37 \$	
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	•	47.45	.001	47.		.06
EYE APPLIANCES	21	60	1	,062.20		17.70	.024	50.		.43
OTHER OPTOMETRIC SERVICES	0	0	_	.00		.00	.000		00	.00
	0		\$		\$				00 \$	
@CHIROPRACTOR	0	-	?	.00	Ą	.00	.000			
VISITS	-	0		.00		.00	.000		00	.00
OTHER SERVICES	0	_0		.00		.00	.000		00	.00
@PODIATRIST	55		\$	686.23	\$	9.15	.030	\$ 12.		
MEDICINE/INJECTIONS	0	0		.00		.00	.000		00	.00
SURGERY/ANES.	0	0		.00		.00	.000		0.0	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		0.0	.00
OTHER	55	75		686.23		9.15	.030	12.	18	.28
@HOME HEALTH AGENCY	0	0 8	\$.00	\$.00	.000	\$.	00 \$.00
NURSE ANESTHESIST	0		\$.00	\$.00	.000	•	00 \$	
NURSE MIDWIFE	0	0 5	₹ '	.00	\$.00	.000		00 \$	
	0	0 .	구 4	.00	\$.000			
PEDIATRIC NURSE PRACTITIONER	0		>			.00				
FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000		00 \$	
@TOTAL HOSPITAL	220	1,291		,340.48	\$	48.29	.522	\$ 283.		
HOSP INPATIENT TOTAL	51	284	44	,281.37		155.92	.115	868.		17.91
HSC HOSPITALS	0	0		.00		.00	.000		00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		0.0	.00
ACCOMMODATIONS	0	0		.00		.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00	.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00	.00
ANCILLARIES	0	0		.00		.00	.000		00	.00
	51		4.4							
INPATIENT CROSSOVERS	~-	284	44	,281.37		155.92	.115	868.		17.91
ALL OTHER INPATIENT	0	0	1.0	.00		.00	.000		00	.00
HOSP OUTPATIENT TOTAL	178	1,007	18	,059.11		17.93	.407	101.		7.30
MEDICAL	0	0		.00		.00	.000		00	.00
SURGERY	0	0		.00		.00	.000		00	.00
PATHOLOGY	0	0		.00		.00	.000		0.0	.00
RADIOLOGY	0	0		.00		.00	.000		0.0	.00
ROOM USE	0	0		.00		.00	.000	_	0.0	.00
CROSSOVERS/ALL OTH OUTPTNT	178	1,007	18	,059.11		17.93	.407	101.	16	7.30
@COUNTY HOSPITAL TOTAL	2			,680.00	\$	38.18	.018	\$ 840.		
CO HOSPITAL INPATIENT TOTAL	2	44	•	,680.00	т	38.18	.018	840.		.68
HSC HOSPITALS	0	0	-	.00		.00	.000		00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		00	.00
	0	0		.00					00	.00
ACCOMMODATIONS	0					.00	.000			
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00	.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00	.00
ANCILLARIES	0	0		.00		.00	.000		0.0	.00
INPATIENT CROSSOVERS	2	44	1	,680.00		38.18	.018	840.	0.0	.68
ALL OTHER INPATIENT	0	0		.00		.00	.000		0.0	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		0.0	.00
MEDICAL	0	Ō		.00		.00	.000		00	.00
SURGERY	Ô	ñ		.00		.00	.000		00	.00
PATHOLOGY	ñ	n		.00		.00	.000		00	.00
RADIOLOGY	0	0		.00		.00	.000		00	.00
ROOM USE	0	0		.00					00	.00
	0	0				.00	.000			
CROSSOVERS/ALL OTH OUTPTNT	•	•	7 MONTH!! 05 5	.00		.00	.000		00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		5 MONTH-OF-P	AYMENT R	FLOK.I,	FUR JAN 2	UUA THRU I	rEC 2003		PAGE 1,959
MOP024	FEE-FOR-SERVICE/DEN		DIGDESISS	y CED		AID CODE	1.6			01/29/04
CHARLED V. CHARLEV CAVILLE				V (, P. I)		0 1 1 1 (V() 1) E	1.60			

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

CONTRA COSTA COUNT

							Mo	ONT	HLY AVERA	GE	
2,473 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST		-	COST PER	_	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	1,247	\$	60,660.48	\$	48.65	.504	\$	278.26	\$	24.53
COMM HOSP INPATIENT TOTAL	49	240		42,601.37		177.51	.097		869.42		17.23
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	49	240		42,601.37		177.51	.097		869.42		17.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	178	1,007		18,059.11		17.93	.407		101.46		7.30
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	178	1,007		18,059.11		17.93	.407		101.46		7.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	_0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	75	1,570	\$	241,403.56	\$	153.76	.635	\$	3218.71	\$	97.62
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	-	1 570		.00		.00	.000		.00		.00
LEV B-REGULAR	75 0	1,570	ė.	241,403.56	4	153.76	.635	4	3218.71	4	97.62
@INTERMEDIATE CARE FACILDD ICF DDH	0	0	\$.00	\$.00 .00	.000	\$.00	\$.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	12	\$	9,075.21	\$	756.27	.005	\$	825.02	\$	3.67
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	11	12		9,075.21		756.27	.005		825.02		3.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	Ö	٧	.00	Υ	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	17.86	\$	8.93	.001	\$	8.93	\$.01
PATHOLOGY	0	0	•	.00	•	.00	.000		.00	•	.00
XO AND OTHERS	2	2		17.86		8.93	.001		8.93		.01
@ORGANIZED OUTPATIENT CLINIC	231	456	\$	70,185.84	\$	153.92	.184	\$	303.83	\$	28.38
CLINIC	6	6		413.33		68.89	.002		68.89		.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	226	450		69,772.51		155.05	.182		308.73		28.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 1,960
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE					
							M				
2,473 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
0111 000000 00000000	E 0.1	OR DAYS OF CARE		141 000 07		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	501	110,376	\$	141,933.06	\$	1.29	44.632	Ş	283.30	Ş	57.39
DURABLE MED. EQUIP.	25	114		13,921.48		122.12	.046		556.86		5.63
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4		299.79		74.95	.002		99.93		.12
MEDICAL TRANSPORTATION	40	388		2,310.17		5.95	.157		57.75		.93

AMBULANCES/AIR TRANS	5	25	517.53	20.70	.010	103.51	.21
OTHER TRANS	34	355	1,749.70	4.93	.144	51.46	.71
OTHER SERVICES	4	8	42.94	5.37	.003	10.74	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	54	713	49,658.97	69.65	.288	919.61	20.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	45	947	42,888.93	45.29	.383	953.09	17.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	110	1,351.00	12.28	.044	30.02	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	63.90	9.13	.003	15.98	.03
PROSTHETIST/ORTHOTISTS	7	20	471.40	23.57	.008	67.34	.19
PROSTHETICS	7	20	471.40	23.57	.008	67.34	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	38	3,754.70	98.81	.015	187.74	1.52

HOSPICE SERVICES	4	12		357.10	29.76	.005	89.28	.14
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	333	108,023		26,855.62	.25	43.681	80.65	10.86
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	766	11,425	\$	139,725.37	\$ 12.23	4.620	\$ 182.41	\$ 56.50
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM O	NT.Y;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 1,961 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR TITLE II DIS	REGARD - BLIND	AID CODES 26			
						ITHLY AVERAG	
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	63	3,756 \$	36,131.94	\$ 9.62	44.188 \$	573.52	\$ 425.08
@PHYSICIANS SERVICES	9	53 \$	895.19	\$ 16.89	.624 \$	99.47	\$ 10.53
OUTPATIENT VISITS	1	3	129.85	43.28	.035	129.85	1.53
OFFICE VISITS	1	2	61.50	30.75	.024	61.50	.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.012	68.35	.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	337.80	42.23	.094	112.60	3.97
HOSPITAL VISITS	3	8	337.80	42.23	.094	112.60	3.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	ĺ	1	57.79	57.79	.012	57.79	.68
EXAMINATIONS	1	1	57.79	57.79	.012	57.79	.68
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	28	51.34	1.83	.329	51.34	.60
RADIOLOGY	1	5	160.38	32.08	.059	160.38	1.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	8	158.03	19.75	.094	31.61	1.86
@PHARMACY	47	3,197 \$	8,234.54	\$ 2.58	37.612 \$	175.20	\$ 96.88
PRESCRIPTION DRUGS	46	114	7,038.66	61.74	1.341	153.01	82.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	46	114	7,038.66	61.74	1.341	153.01	82.81
MEDICAL SUPPLIES	8	3,083	1,195.88	.39	36.271	149.49	14.07
@DENTIST	5	22 \$	1,526.00	\$ 69.36	.259 \$	305.20	\$ 17.95
VISITS - DIAGNOSTIC	4	6	54.00	9.00	.071	13.50	.64
ORAL SURGERY	2	5	580.00	116.00	.059	290.00	6.82
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.012	100.00	1.18
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	2	10	792.00	79.20	.118	396.00	9.32
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0					
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ü	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 1,962
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		
					MON	THLY AVERAG	SE
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	4 \$	75.20	\$ 18.80	.047 \$		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.012	47.45	.56
EYE APPLIANCES	1	3	27.75	9.25	.035	27.75	.33
	0						
OTHER OPTOMETRIC SERVICES	U	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	U	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	Ô	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
	0	22 \$		•			•
@TOTAL HOSPITAL	2			\$ 412.75	.259 \$		\$ 106.83
HOSP INPATIENT TOTAL	1	8	8,520.00	1065.00	.094	8520.00	100.24
HSC HOSPITALS	Ţ	8	8,520.00	1065.00	.094	8520.00	100.24
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	14	560.45	40.03	.165	560.45	6.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	14	560.45	40.03	.165	560.45	6.59
	0	0 \$.000 \$		
@COUNTY HOSPITAL TOTAL		·	.00	•			·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COLORS OUTFAILERT TOTAL 0								
STREERY 0	CO HOSP OUTPATIENT TOTAL	0	0		.00	.000	.00	.00
PATHOLOGY 0 0 0 0 0 0 0 0 0	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USER JALL OTH OUTFITY COURSESVERS JALL OTH OUTFITY COURSE COURS SET COURS MIDICALL SERVICES AND EXCENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MID 29/8 18/1	SURGERY	0	0	.00	.00	.000	.00	.00
CHOSSOVERS/ALL OTH OUTPITH CHOSSOVERS	PATHOLOGY	0	0	.00	.00	.000	.00	.00
CHOSSOVERS/ALL OTH OUTPITH CHOSSOVERS	RADIOLOGY	0	0	.00	.00	.000	.00	.00
CALIFY DEFT OF FEATURE SERVICES		0	0	.00	.00	.000	.00	
MODITION PROFESSIVE SAND EXPRINITIONS MONTH-OP-PAYMENT RELOKT FOR JAN 2003 THEN DEC 200 PAGE 1,963 MODITION PA		0	0					
MOPIO-24 PREPOR-SERVICE/DIRTYAL CONTRA COSTA COUNT SUMMAY OF SERVICES CONTRA DIABON ALL COMES 26 6A CO		MEDI-CAL SERVIC	·					
STRINGEN SUMMARY OF SERVICES FOR TITLE II DISNEGARD - SLIND AID CODES 26 6A				III OF FAIRENT K	EFORT FOR UAN 2	SOUS TIMO DEC	. 2003	·
B5 ELIGIBLES				DECADD DITMD	AID CODEC 26	67		01/29/04
SECIONALISES USER UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER ELICISEES SCOMMUNITY ROSPITAL TOTAL 2 2 2 2 3 9,000.45 \$412.75 2.55 \$420.23 \$100.24 \$100.	CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR TITLE IT DISF	REGARD - BLIND	AID CODES 20		א מיידא א דווי	777
COMMUNITY HOSPITAL TOTAL 2 2 9,080.45 412.75 2.59 4540.23 106.83 1	OF BLIGHBLES	Hanna	INITES OF SERVICE		ALTERACE COCE			
SCOMMINITY HOSPITAL TOTAL 1	82 FFIGIRFS	USERS		EXPENDITORES				
COMM HOSP INPATIENT TOTAL		2		0 000 45				
HISCHOSPITALS 1 8 8,520.00 1065.00 .094 8520.00 100.24		2	·					•
NON-HISC HOSPITALS TOTAL 0		1	8					
ACCOMMODATIONS 0 0 0 0.00 .00 .000 .00 .00 .00 .000 ADMINISTRATIVE DAYS 0 0 0 0.00 .00 .000 .000 .000 .000 .0	HSC HOSPITALS	1	8	8,520.00	1065.00	.094	8520.00	
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		.00	.000		
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS 0		0	Û					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	Ô					
COMM HOSP OUTPATIENT TOTAL		0	0					
MEDICAL 0		1	1.4					
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1						
PATHOLOGY		U	U					
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE		0	0					
CROSSOVERS/ALL OTH OUTPITYT 1 14 560.45 40.03 .165 560.45 6.59 8 STATE HOSPITAL	RADIOLOGY	0	0					
### HOSPITAL	ROOM USE	0	0	.00	.00	.000	.00	.00
MENTALLY LIL	CROSSOVERS/ALL OTH OUTPTNT	1	14	560.45	40.03	.165	560.45	6.59
DEVELOP. DISABLED O O O O O O O O O O O O O O O O O O	@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
### CALLITY 0 0 \$.00 \$	MENTALLY ILL	0	0	.00	.00	.000	.00	.00
LEV A-INTERNEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
LEV A-INTERNEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0 \$					
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		•	•		•
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Ô	Ô					
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
LEV B-REGULAR		0	0					
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.		0	0					
ICF DDH		0	-					
ICF DD		0	U \$		•	•		•
ICF DDN/DDCN		U	U					
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td></td<>		0	0					
HOSPITAL BASED 0 0 .00		0	·					
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$.00 .00 \$.00 HOSPITAL BASED 0 0 .0		0	0 \$					•
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 HOSPITAL BASED 0 0 .00		0	0					
HOSPITAL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HEMODIALYSIS CENTER	0	-	.00	.00	.000	.00	
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 @LABORATORY FACILITY 1 3 \$ 44.77 \$ 14.92 .035 \$ 44.77 \$.53 PATHOLOGY 1 3 44.77 14.92 .035 44.77 .53 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 12 12 12 2,104.08 175.34 .141 175.34 24.75	@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
@LABORATORY FACILITY 1 3 \$ 44.77 \$ 14.92 .035 \$ 44.77 \$.53 PATHOLOGY 1 3 44.77 14.92 .035 44.77 .53 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 .00 <	HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY 1 3 \$ 44.77 \$ 14.92 .035 \$ 44.77 \$.53 PATHOLOGY 1 3 44.77 14.92 .035 44.77 .53 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 .00 <	INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
PATHOLOGY 1 3 44.77 14.92 .035 44.77 .53 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 12 12 2,104.08 175.34 .141 175.34 .24.75		1	3 \$					
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00 </td <td></td> <td>_ 1</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td>		_ 1	3					
@ORGANIZED OUTPATIENT CLINIC 12 12 \$ 2,104.08 \$ 175.34 .141 \$ 175.34 \$ 24.75 CLINIC 0 0 .00		0	0					
CLINIC 0 0 .00 .00 .00 .00 .00 SURGICENTER 0 0 .00 <td></td> <td>1 2</td> <td></td> <td></td> <td></td> <td>and the second s</td> <td></td> <td></td>		1 2				and the second s		
SURGICENTER 0 0 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00			·	•	·	-		
HEROIN DETOX CLINIC 0 0 .00		· ·						
RURAL HEALTH CLINIC 12 12 2,104.08 175.34 .141 175.34 24.75		· ·	·					
·			·					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRO DEC 2003 PAGE 1,964								
	#CALIF DEPI OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OR-PAYMENT R	EPOKI FOR JAN 2	THRU DEC	. 2003	PAGE 1,904

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SELIGIBLES USERS							MC	NTHLY AVERA	GE
@ALL OTHER PROVIDERS 8 443 \$ 14,171.71 \$ 31.99 5.212 \$ 1771.46 \$ 166.73 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .00 BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION 0 0 .00	85 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
DURABLE MED. EQUIP. 0 0 .00			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
BLOOD BANK 0 0 0 0.00 .00 .00 .000 .000 .000 .00	@ALL OTHER PROVIDERS	8	443	\$	14,171.71	\$ 31.99	5.212	\$ 1771.46	\$ 166.73
HEARING AID DISPENSERS 0 0 .00 </td <td>DURABLE MED. EQUIP.</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0 0 .00	BLOOD BANK	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
OTHER TRANS 0 0 .00	MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES 0 0 .00	AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER TRANS	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	OTHER SERVICES	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00	ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
	ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
THMC MODEL-NE NE ALDS MSSP 6 440 13 132 64 29 85 5 176 2188 77 154 50	GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
1110 13/132.01 25.03 3.170 2100.77 131.30	IHMC, MODEL-NF, NF, AIDS, MSSP	6	440		13,132.64	29.85	5.176	2188.77	154.50
OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00	OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN 1 2 15.02 7.51 .024 15.02 .18	OPTICIAN	1	2		15.02	7.51	.024	15.02	.18
PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00	PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00	PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00	PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00	ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00	PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 1 1 1,024.05 1024.05 .012 1024.05 12.05	SPEECH AND AUDIOLOGY	1	1		1,024.05	1024.05	.012	1024.05	12.05
HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00	HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00	NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 0 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00	EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00	RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00	PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	@CALIF. CHILDREN SERVICES*	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 7 23 \$ 802.98 \$ 34.91 .271 \$ 114.71 \$ 9.45	@XOVER EXCLUDING STATE HOSP**	7	23	\$	802.98	\$ 34.91	.271	\$ 114.71	\$ 9.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,965 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

CONTIGE CODES	DOMINIMOT OF DELICA	TCDD TOK TITED I	 מששששששששששששששששששששששששששששששששששששש	TITO CODED 30	00 00			
					MO1	NTHLY AVERA	GE -	
3,594 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	2,591	145,598	\$ 1,390,463.03	\$ 9.55	40.511	536.65	\$	386.88
@PHYSICIANS SERVICES	353	934	\$ 10,890.75	\$ 11.66	.260	30.85	\$	3.03
OUTPATIENT VISITS	11	13	485.95	37.38	.004	44.18		.14
OFFICE VISITS	8	9	283.80	31.53	.003	35.48		.08
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	3	4	202.15	50.54	.001	67.38		.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	3	4	213.81	53.45	.001	71.27		.06
HOSPITAL VISITS	3	4	213.81	53.45	.001	71.27		.06
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44		.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44		.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	23	754.77	32.82	.006	125.80	.21
PRINCIPAL SURGEON	4	5	375.93	75.19	.001	93.98	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	378.84	21.05	.005	189.42	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.46	6.46	.000	6.46	.00
RADIOLOGY	4	5	61.54	12.31	.001	15.39	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	339	887	9,321.78	10.51	.247	27.50	2.59
@PHARMACY	2,237	70,424	\$ 870,616.05	\$ 12.36	19.595	\$ 389.19	\$ 242.24
PRESCRIPTION DRUGS	2,197	9,704	844,880.19	87.07	2.700	384.56	235.08

SNF/ICF	35	234		16,662.07		71.21	.065		476.06		4.64	
OUTPATIENTS	2,175	9,470	8	28,218.12		87.46	2.635		380.79		230.44	
MEDICAL SUPPLIES	252	60,720		25,735.86		.42	16.895		102.13		7.16	
@DENTIST	188	914	\$	37,185.75	\$	40.68	.254	\$	197.80	\$	10.35	
VISITS - DIAGNOSTIC	122	574		5,357.50		9.33	.160		43.91		1.49	
ORAL SURGERY	18	75		3,517.25		46.90	.021		195.40		.98	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	27	27		3,838.00		142.15	.008		142.15		1.07	
ENDODONTICS	6	10		2,255.00		225.50	.003		375.83		.63	
RESTORATIVE DENTISTRY	61	172		16,166.00		93.99	.048		265.02		4.50	
PROSTHETICS	2	2		80.00		40.00	.001		40.00		.02	
DENTURES, STAYPLATES	18	44		5,972.00		135.73	.012		331.78		1.66	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	6	10		.00		.00	.003		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITUR	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	SE 1,966	
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES E	FOR TITLE I	I DISREGARD	- DISABLE	D AID	CODES 36	5 66 6C					

----- MONTHLY AVERAGE -----UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 3,594 ELIGIBLES USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17.64 @OPTOMETRIST 52 148 2,610.94 .041 \$ 50.21 \$.73 DIAGNOSTIC AND ANC. PROCED 6 6 283.69 47.28 .002 47.28 .08 .036 43 128 2,101.70 16.42 48.88 EYE APPLIANCES .58 OTHER OPTOMETRIC SERVICES 14 225.55 .004 16.11 32.22 .06 @CHIROPRACTOR 11 179.74 16.34 .003 \$ 35.95 .05 VISITS 11 179.74 16.34 .003 35.95 .05 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 19 32 674.22 21.07 .009 \$ 35.49 \$.19 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 19 674.22 21.07 .009 35.49 .19 .00 \$.000 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 \$.00 78,977.04 @TOTAL HOSPITAL 1,730 45.65 .481 \$ 301.44 21.97 HOSP INPATIENT TOTAL 51,220.95 174.82 .082 1113.50 14.25 .00 HSC HOSPITALS 0 .000 .00 .00 .00 2,030.48 2030.48 NON-HSC HOSPITAL TOTAL .000 2030.48 .56 276.00 276.00 .000 276.00 ACCOMMODATIONS .08 .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 276.00 276.00 276.00 ALL OTHER ACCOM 1 .000 .08 .49 ANCILLARIES 1 0 1,754.48 .00 .000 1754.48 INPATIENT CROSSOVERS 292 49,190.47 168.46 .081 1093.12 ALL OTHER INPATIENT .00 0 0 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 229 1,437 27,756.09 19.32 121.21 7.72 .400 MEDICAL 1 20.39 20.39 .000 20.39 .01 SURGERY 1 67.17 67.17 .000 67.17 .02 14.95 .002 34.88 PATHOLOGY 104.64 .03 RADIOLOGY 39.24 19.62 .001 19.62 .01 259.37 ROOM USE 5 51.87 .001 86.46 .07 .395 222 1,421 27,265.28 19.19 7.59 CROSSOVERS/ALL OTH OUTPTNT 122.82 @COUNTY HOSPITAL TOTAL 10 103 6,755.22 \$ 65.58 .029 \$ 675.52 \$ 1.88

HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00	CO HOSPITAL INPATIENT TOTAL	8	99	6,692.00	67.60	.028	836.50	1.86
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 .00 <td>ACCOMMODATIONS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 8 99 6,692.00 67.60 .028 836.50 1.86 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 2 4 63.22 15.81 .001 31.61 .02	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL 2 4 63.22 15.81 .001 31.61 .02	INPATIENT CROSSOVERS	8	99	6,692.00	67.60	.028	836.50	1.86
	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00	CO HOSP OUTPATIENT TOTAL	2	4	63.22	15.81	.001	31.61	.02
	MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00	ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT 2 4 63.22 15.81 .001 31.61 .02	CROSSOVERS/ALL OTH OUTPINT	2	4	63.22	15.81	.001	31.61	.02
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,967	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,967
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	MOP024	FEE-FOR-SERVICE/DENTA	ΑL					01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR TITLE	TT DI	ISREGARD - DISABLEI	D AID CODES 36				
						MON		-	
3,594 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE	
	252	1,627	\$	72,221.82	\$ 44.39	.453 \$		•	
COMM HOSP INPATIENT TOTAL	38	194		44,528.95	229.53	.054	1171.81	12.39	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	1		2,030.48	2030.48	.000	2030.48	.56	
ACCOMMODATIONS	1	1		276.00	276.00	.000	276.00	.08	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	1		276.00	276.00	.000	276.00	.08	
ANCILLARIES	1	0		1,754.48	.00	.000	1754.48	.49	
INPATIENT CROSSOVERS	37	193		42,498.47	220.20	.054	1148.61	11.82	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	227	1,433		27,692.87	19.33	.399	122.00	7.71	
MEDICAL	1	1		20.39	20.39	.000	20.39	.01	
SURGERY	1	1		67.17	67.17	.000	67.17	.02	
PATHOLOGY	3	7		104.64	14.95	.002	34.88	.03	
RADIOLOGY	2	2		39.24	19.62	.001	19.62	.01	
ROOM USE	3	5		259.37	51.87	.001	86.46	.07	
CROSSOVERS/ALL OTH OUTPTNT	220	1,417		27,202.06	19.20	.394	123.65	7.57	
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000 \$.00	\$.00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	13	161	Ś	37,373.36	\$ 232.13	.045			
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	3	90		12,312.00	136.80	.025	4104.00	3.43	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	10	71		25,061.36	352.98	.020	2506.14	6.97	
@INTERMEDIATE CARE FACILDD	25	995	Ś	160,522.16	\$ 161.33	.277			
ICF DDH	14	632	-	94,169.39	149.00	.176	6726.39	26.20	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	11	363		66,352.77	182.79	.101	6032.07	18.46	
@HEMODIALYSIS TOTAL	22	24	\$	11,933.52	\$ 497.23	.007			
HOSPITAL BASED	0	0	τ	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	22	24		11,933.52	497.23	.007	542.43	3.32	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$			
HOSPITAL BASED	ñ	0	τ.	.00	.00	.000	.00	.00	
11001 11111 111011	9	ğ		.00	.00	.000	. 50	.00	

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	40.58	\$	20.29	.001	\$	20.29	\$.01
PATHOLOGY	2	2		40.58		20.29	.001		20.29		.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	498	880	\$	129,644.45	\$	147.32	.245	\$	260.33	\$	36.07
CLINIC	15	25		1,183.15		47.33	.007		78.88		.33
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	484	855		128,461.30		150.25	.238		265.42		35.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT	' FOR JAN	2003 THRU	DEC	2003	PA	GE 1,968
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES F	OR TITLE I	I DI	SREGARD - DISABLEI) AID	CODES 36	5 66 6C				
							M	ONTH	LY AVERA	GE -	

					MO	NIHLY AVERA	ide
3,594 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	370	69,343 \$	49,814.47	\$.72	19.294	\$ 134.63	\$ 13.86
DURABLE MED. EQUIP.	15	44	6,494.66	147.61	.012	432.98	1.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	294.79	98.26	.001	294.79	.08
MEDICAL TRANSPORTATION	20	1,107	5,789.99	5.23	.308	289.50	1.61
AMBULANCES/AIR TRANS	5	63	759.33	12.05	.018	151.87	.21
OTHER TRANS	12	1,015	4,846.47	4.77	.282	403.87	1.35
OTHER SERVICES	3	29	184.19	6.35	.008	61.40	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	27	1,889.10	69.97	.008	629.70	.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	10	26	5,192.85	199.73	.007	519.29	1.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	178	2,368.69	13.31	.050	30.76	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	11	205.99	18.73	.003	68.66	.06
PROSTHETICS	3	11	205.99	18.73	.003	68.66	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	17	175.99	10.35	.005	25.14	.05
SPEECH AND AUDIOLOGY	84	254	10,582.00	41.66	.071	125.98	2.94
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	13	140.20	10.78	.004	70.10	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	67,663	16,680.21	.25	18.827	95.86	4.64
@CALIF. CHILDREN SERVICES*	7	12 \$	237.00	\$ 19.75	.003	\$ 33.86	\$.07
@XOVER EXCLUDING STATE HOSP**	670	4,137 \$,	\$ 30.82	1.151	\$ 190.32	\$ 35.48

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,969
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

							MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDEVENTUR CADE	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		0					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
INPATIENT HOSPITAL SURGERY	0	0			.000		
PRINCIPAL SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
PATHOLOGY	0	0		.00	.000		
RADIOLOGY	U	U	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$		\$.00
	0	0 Ş		•			
VISITS - DIAGNOSTIC	U	U	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
	0	0		.00			
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON'	TH-OF-PAYMENT REP	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 1,970
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU	ED		
	POLITICAL OF PERVIOR					TT 77 3 TT TD 3 C	E
	SUMMART OF SERV.				MONT	HLY AVERAC	
00 ELIGIBLES			EXPENDITURES .				COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	USERS	UNITS OF SERVICE OR DAYS OF CARE		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	ELIGIBLE
@OPTOMETRIST	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$.00	AVERAGE COST PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	ELIGIBLE \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	ELIGIBLE \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	ELIGIBLE \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	\$.00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 5	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 \$.000	USER .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 \$.000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 \$.00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00 \$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		EXPENDITURES N	IONTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 1,971
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	R TITLE II DI	SREGARD - FAMILIES D	ISCONTINUE			
					_	LY AVERAG	
00 DI TOTDI DO	TICEDO INTERO	OD CEDITACE		ACE COOR I	DITEMO / DAVIO O	OUM DED	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF	F-PAYMENT RE	PORT F	OR JAN 20	003 THRU I	DEC 2	2003	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES

OUNTED

OUN

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

OR DAYS OF CARE

CONTRA CODIA COONI	BUMMAKT OF BERK	TOES FOR TITLE IT DI	SKEGARD TOTAL		MOI	THLY AVERA	GE
6,152 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0,132 111011110	OBLIND	OR DAYS OF CARE	LZI LIVET I GICLE	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,662	298,747 \$	2,479,672.51	\$ 8.30	48.561		
@PHYSICIANS SERVICES	700	2,035 \$	24,827.07	\$ 12.20	.331		
OUTPATIENT VISITS	13	17	673.00	39.59	.003	51.77	.11
	10	12				40.25	
OFFICE VISITS			402.50	33.54	.002		.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	270.50	54.10	.001	67.63	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	12	551.61	45.97	.002	91.94	.09
HOSPITAL VISITS	6	12	551.61	45.97	.002	91.94	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	204.24	34.04	.001	34.04	.03
EXAMINATIONS	6	6	204.24	34.04	.001	34.04	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	23	754.77	32.82	.004	125.80	.12
PRINCIPAL SURGEON	4	5	375.93	75.19	.001	93.98	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	378.84	21.05	.003	189.42	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	29	57.80	1.99	.005	28.90	.01
RADIOLOGY	5	10	221.92	22.19	.002	44.38	.04
PSYCHIATRY	0	0	.00	.00	.002	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	678	1,938	22,363.73	11.54	.315	32.98	3.64
	4,044	107,832 \$		\$ 12.78			
@PHARMACY	3,983	107,832 \$	1,377,776.21 1,326,173.54	\$ 12.76 75.30	17.528 s 2.863	332.96	\$ 223.96 215.57
PRESCRIPTION DRUGS							
SNF/ICF	101	785	42,355.01	53.96	.128	419.36	6.88
OUTPATIENTS	3,905	16,826	1,283,818.53	76.30	2.735	328.76	208.68
MEDICAL SUPPLIES	522	90,221	51,602.67	.57	14.665	98.86	8.39
@DENTIST	280	1,225 \$	52,975.75	\$ 43.25		189.20	
VISITS - DIAGNOSTIC	182	768	7,653.50	9.97	.125	42.05	1.24
ORAL SURGERY	32	94	4,910.25	52.24	.015	153.45	.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	4	4	400.00	100.00	.001	100.00	.07
PERIODONTICS	39	40	5,371.00	134.28	.007	137.72	.87
ENDODONTICS	7	11	2,470.00	224.55	.002	352.86	.40
RESTORATIVE DENTISTRY	75	214	19,739.00	92.24	.035	263.19	3.21
PROSTHETICS	4	4	160.00	40.00	.001	40.00	.03
DENTURES, STAYPLATES	35	75	12,272.00	163.63	.012	350.63	1.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	15	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 1,974
MOP024	FEE-FOR-SERVICE	:/DENTAL					01/29/04
CONTRA COSTA COUNT		CES FOR TITLE II DIS	SREGARD - TOTAL				. , -
					MOI	NTHLY AVERA	GE
6,152 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OD DAVE OF CARE		DED IMITT/DAV	DED ELIC	HCFD	ET TOTEL

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	76	215	\$	3,890.69	\$	18.10	.035	\$	51.19	\$.63
DIAGNOSTIC AND ANC. PROCED	10	10		473.49		47.35	.002		47.35		.08
EYE APPLIANCES	65 7	191		3,191.65		16.71	.031		49.10		.52
OTHER OPTOMETRIC SERVICES	, 5	14 11	\$	225.55 179.74	\$	16.11 16.34	.002	\$	32.22 35.95	\$.04 .03
@CHIROPRACTOR VISITS	5 5	11	Ą	179.74	Ą	16.34	.002	Ą	35.95	Ą	.03
OTHER SERVICES	0	0		.00		.00	.002		.00		.00
@PODIATRIST	74	107	\$	1,360.45	\$	12.71	.017	\$	18.38	\$.22
MEDICINE/INJECTIONS	0	0	τ	.00	т	.00	.000	Υ	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	74	107		1,360.45		12.71	.017		18.38		.22
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0	0	\$.00	\$ \$.00	.000	\$.00	\$ \$.00
@TOTAL HOSPITAL	484	3,043	ې خ	150,397.97	Ġ.	49.42	.495	\$ \$	310.74	۶ \$.00 24.45
HOSP INPATIENT TOTAL	98	585	Ą	104,022.32	Ą	177.82	.095	Ą	1061.45	Ą	16.91
HSC HOSPITALS	1	8		8,520.00		1065.00	.001		8520.00		1.38
NON-HSC HOSPITAL TOTAL	ī	1		2,030.48		2030.48	.000		2030.48		.33
ACCOMMODATIONS	1	1		276.00		276.00	.000		276.00		.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		276.00		276.00	.000		276.00		.04
ANCILLARIES	1	0		1,754.48		.00	.000		1754.48		.29
INPATIENT CROSSOVERS	96	576		93,471.84		162.28	.094		973.67		15.19
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0 408	0 2,458		.00 46,375.65		.00 18.87	.000 .400		.00 113.67		.00 7.54
MEDICAL	1	2,450 1		20.39		20.39	.000		20.39		.00
SURGERY	1	1		67.17		67.17	.000		67.17		.01
PATHOLOGY	3	7		104.64		14.95	.001		34.88		.02
RADIOLOGY	2	2		39.24		19.62	.000		19.62		.01
ROOM USE	3	5		259.37		51.87	.001		86.46		.04
CROSSOVERS/ALL OTH OUTPTNT	401	2,442		45,884.84		18.79	.397		114.43		7.46
@COUNTY HOSPITAL TOTAL	12	147	\$	8,435.22	\$	57.38	.024	\$	702.94	\$	1.37
CO HOSPITAL INPATIENT TOTAL	10	143		8,372.00		58.55	.023		837.20		1.36
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	143		8,372.00		58.55	.023		837.20		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		63.22		15.81	.001		31.61		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0 2	0 4		.00 63.22		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV			DEC N	03.22 MONTH-OF-PAYMENT RI	rn∩p	15.81	.001	חפכ	31.61	DΛ	.01 GE 1,975
MOP024	FEE-FOR-SERVICE		ICES I	MONTH-OF-PAIMENT KI	EFOR	I FOR UAN	2003 IIIKO	DEC	2003	FA	01/29/04
CONTRA COSTA COUNT		ICES FOR TITLE	TT DI	SREGARD - TOTAL							01/25/01
							M	ONT	HLY AVERA	GE -	
6,152 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	AV	ERAGE COST	UNITS/DAY				OST PER
		OR DAYS OF CAR			PE		PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	472	2,896	\$	141,962.75	\$	49.02	.471	\$	300.77	\$	23.08

COMM HOSP INPATIENT TOTAL	88	442	95,650.32	216.40	.072	1086.94	15.55
HSC HOSPITALS	1	8	8,520.00	1065.00	.001	8520.00	1.38
NON-HSC HOSPITALS TOTAL	1	1	2,030.48	2030.48	.000	2030.48	.33
ACCOMMODATIONS	1	1	276.00	276.00	.000	276.00	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	276.00	276.00	.000	276.00	.04
ANCILLARIES	1	0	1,754.48	.00	.000	1754.48	.29
INPATIENT CROSSOVERS	86	433	85,099.84	196.54	.070	989.53	13.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	406	2,454	46,312.43	18.87	.399	114.07	7.53
MEDICAL	1	1	20.39	20.39	.000	20.39	.00
SURGERY	1	1	67.17	67.17	.000	67.17	.01
PATHOLOGY	3	7	104.64	14.95	.001	34.88	.02
RADIOLOGY	2	2	39.24	19.62	.000	19.62	.01
ROOM USE	3	5	259.37	51.87	.001	86.46	.04

CROSSOVERS/ALL OTH OUTPTNT	399	2,438		45,821.62		18.79	.396		114.84		7.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	88	1,731	\$	278,776.92	\$	161.05	.281	\$	3167.92	\$	45.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	3	90		12,312.00		136.80	.015		4104.00		2.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	85	1,641		266,464.92		162.38	.267		3134.88		43.31
@INTERMEDIATE CARE FACILDD	25	995	\$	160,522.16	\$	161.33	.162	\$	6420.89	\$	26.09
ICF DDH	14	632		94,169.39		149.00	.103		6726.39		15.31
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	11	363		66,352.77		182.79	.059		6032.07		10.79
@HEMODIALYSIS TOTAL	33	36	\$	21,008.73	\$	583.58	.006	\$	636.63	\$	3.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	33	36		21,008.73		583.58	.006		636.63		3.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	7	\$	103.21	\$	14.74	.001	\$	20.64	\$.02
PATHOLOGY	3	5		85.35		17.07	.001		28.45		.01
XO AND OTHERS	2	2		17.86		8.93	.000		8.93		.00
@ORGANIZED OUTPATIENT CLINIC	741	1,348	\$	201,934.37	\$	149.80	.219	\$		\$	32.82
CLINIC	21	31		1,596.48		51.50	.005		76.02		.26
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	722	1,317		200,337.89		152.12	.214		277.48		32.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MO	ONTH-OF-PAYMENT RE	EPORT	r for Jan	2003 THRU	DEC	2003	PΙ	AGE 1,976
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR TITLE	II DIS	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

6,152 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	879	180,162 \$	205,919.24	\$ 1.14	29.285 \$	234.27	\$ 33.47
DURABLE MED. EQUIP.	40	158	20,416.14	129.22	.026	510.40	3.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	7	594.58	84.94	.001	148.65	.10
MEDICAL TRANSPORTATION	60	1,495	8,100.16	5.42	.243	135.00	1.32
AMBULANCES/AIR TRANS	10	88	1,276.86	14.51	.014	127.69	.21
OTHER TRANS	46	1,370	6,596.17	4.81	.223	143.40	1.07
OTHER SERVICES	7	37	227.13	6.14	.006	32.45	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	57	740	51,548.07	69.66	.120	904.35	8.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	61	1,413	61,214.42	43.32	.230	1003.52	9.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	123	290	3,734.71	12.88	.047	30.36	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	63.90	9.13	.001	15.98	.01
PROSTHETIST/ORTHOTISTS	10	31	677.39	21.85	.005	67.74	.11
PROSTHETICS	10	31	677.39	21.85	.005	67.74	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	17	175.99	10.35	.003	25.14	.03
SPEECH AND AUDIOLOGY	105	293	15,360.75	52.43	.048	146.29	2.50
HOSPICE SERVICES	4	12	357.10	29.76	.002	89.28	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	13	140.20	10.78	.002	70.10	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	507	175,686	43,535.83	.25	28.558	85.87	7.08
@CALIF. CHILDREN SERVICES*	7	12	\$ 237.00	\$ 19.75	.002	\$ 33.86	\$.04
@XOVER EXCLUDING STATE HOSP**	1,443	15,585	\$ 268,044.17	\$ 17.20	2.533	\$ 185.75	\$ 43.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,977 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

CONTRA COSTA COUNT	SUMMARY OF SERV	LICES FOR IN HOME SUP.	PORT - AGED	AID CODE	18		
					MON'		
6,002 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
.,		OR DAYS OF CARE				USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,735	440,441 \$	2,610,100.56	\$ 5.93	73.382 \$		
@PHYSICIANS SERVICES	670	2,579 \$	29,014.78	\$ 11.25	.430 \$	43.31	\$ 4.83
	53	74	2,932.94	39.63	.012	55.34	.49
OUTPATIENT VISITS							
OFFICE VISITS	39	52	1,607.00	30.90	.009	41.21	. 27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	1,045.94	95.09	.002	116.22	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	11	280.00	25.45	.002	35.00	.05
INPATIENT VISITS	11	50	2,135.35	42.71	.008	194.12	.36
HOSPITAL VISITS	9	47	1,958.75	41.68	.008	217.64	.33
CRITICAL CARE	ĺ	1	121.60	121.60	.000	121.60	.02
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	6	6	230.04	38.34	.001	38.34	.04
EXAMINATIONS	6	6	230.04	38.34	.001	38.34	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	2	2					
INPATIENT HOSPITAL SURGERY	2	2	836.98	418.49	.000	418.49	.14
PRINCIPAL SURGEON	2	2	836.98	418.49	.000	418.49	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	9	156.78	17.42	.001	78.39	.03
PRINCIPAL SURGEON	1	1	10.80	10.80	.000	10.80	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	145.98	18.25	.001	145.98	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	100	393.48	3.93	.017	49.19	.07
RADIOLOGY	17	38	1,338.80	35.23	.006	78.75	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	615	2,300	20,990.41	9.13	.383	34.13	3.50
@PHARMACY	3,979	101,261 \$	1,077,973.03	\$ 10.65	16.871 \$		
PRESCRIPTION DRUGS	3,813	16,705	1,004,684.62	60.14	2.783	263.49	167.39
SNF/ICF	114	859	46,514.12	54.15	.143	408.02	7.75
OUTPATIENTS	3,722	15,846	958,170.50	60.47	2.640	257.43	159.64
	740	84,556	73,288.41		14.088	99.04	12.21
MEDICAL SUPPLIES		•		.87			
@DENTIST	195	708 \$	50,020.00	\$ 70.65	.118 \$		
VISITS - DIAGNOSTIC	106	289	4,453.00	15.41	.048	42.01	.74
ORAL SURGERY	37	179	8,572.00	47.89	.030	231.68	1.43
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	8	7	1,091.00	155.86	.001	136.38	.18
ENDODONTICS	6	12	2,785.00	232.08	.002	464.17	.46
RESTORATIVE DENTISTRY	21	58	6,201.00	106.91	.010	295.29	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	67	157	26,818.00	170.82	.026	400.27	4.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 0 .00 .00 .000 MAXILLOFACIAL SERVICES .000 0 0 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 5 .00 ALL OTHER SERVICES 4 .00 .001

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,978 MOP024 FEE-FOR-SERVICE/DENTAL

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01/29/04

MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR	IN HOME	SUP	PORT - AGED		AID CODE				
									NTHLY AVERA	GE.	
6,002 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST				COST PER
		OR DAYS					R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	31		91	\$	1,815.60	\$	19.95	.015		\$.30
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.000	47.45		.02
EYE APPLIANCES	26		77		1,613.92		20.96	.013	62.07		.27
OTHER OPTOMETRIC SERVICES	6		12		106.78		8.90	.002	17.80		.02
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	66		109	\$	1,059.75	\$	9.72	.018	\$ 16.06	\$.18
MEDICINE/INJECTIONS	2		2		42.80		21.40	.000	21.40		.01
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	64		107		1,016.95		9.50	.018	15.89		.17
@HOME HEALTH AGENCY	4		23	\$	1,608.45	\$	69.93	.004	\$ 402.11	\$.27
NURSE ANESTHESIST	4 0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		Ō	Ś	.00	Š	.00		\$.00	Š	.00
PEDIATRIC NURSE PRACTITIONER			Ö	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		Ö	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	389		2,946	\$	238,795.39	\$	81.06	.491		Š	39.79
HOSP INPATIENT TOTAL	116	2	828	٧	204,161.22	٧	246.57	.138	1760.01	٧	34.02
			24		6,720.00		280.00	.004	1344.00		1.12
NON-HSC HOSPITAL TOTAL	5		54		106,689.49		1975.73	.009	17781.58		17.78
ACCOMMODATIONS	6		54		43,546.61		806.42	.009	7257.77		7.26
ADMINISTRATIVE DAYS	2		13		3,006.90		231.30	.002	1503.45		.50
TRANSITIONAL IP CARE	5 6 2 0 4 6		0		.00		.00	.002	.00		.00
ALL OTHER ACCOM	4		41		40,539.71		988.77	.007	10134.93		6.75
ANCILLARIES	6		0		63,142.88		.00	.000	10523.81		10.52
	105		750		90,751.73		121.00	.125	864.30		15.12
INPATIENT CROSSOVERS	103		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	287	,	2,118		34,634.17		16.35	.353	120.68		5.77
HOSP OUTPATIENT TOTAL		4	•						47.01		
MEDICAL SURGERY	20 1		39 1		940.10 9.11		24.11 9.11	.006 .000	9.11		.16 .00
	24										
PATHOLOGY			112		1,177.06		10.51	.019	49.04		.20
RADIOLOGY	12		15		667.27		44.48	.002	55.61		.11
ROOM USE	21	-	36		1,237.07		34.36	.006	58.91		.21
CROSSOVERS/ALL OTH OUTPTNT	264 7	١	L,915	4	30,603.56	4	15.98	.319	115.92	4	5.10
@COUNTY HOSPITAL TOTAL	•		56	\$	8,948.70	\$	159.80		\$ 1278.39	Ş	1.49
CO HOSPITAL INPATIENT TOTAL	4		42		8,630.04		205.48	.007	2157.51		1.44
HSC HOSPITALS	1		6		6,720.00		1120.00	.001	6720.00		1.12
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3		36		1,910.04		53.06	.006	636.68		.32
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3		14		318.66		22.76	.002	106.22		.05
MEDICAL	2		3		159.82		53.27	.000	79.91		.03
SURGERY	1		1		9.11		9.11	.000	9.11		.00
PATHOLOGY	1		1		25.39		25.39	.000	25.39		.00

RADIOLOGY 0 0 .00 .000 .00 .00 .00 2 2 72.22 36.11 ROOM USE .000 36.11 .01 2 7 52.12 7.45 CROSSOVERS/ALL OTH OUTPTNT .001 26.06 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,979 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT	SUMMARY OF SERVICES		י פווס	DOPT - ACED	7\ 7	D CODE	1 Ω					01/25/01
CONTRA COSTA COUNT	SUMMART OF SERVICES	3 POR IN HOM	SOF.	FORT - AGED	A.	LD CODE		1	//∩NTT	HLY AVERA	CF	
6,002 ELIGIBLES	HCEDC IIN	ITS OF SERVICE	7	EXPENDITURES	717ED 7	TE COCT				COST PER	GE	COST PER
0,002 ELIGIBLES		R DAYS OF CAR		EXPENDITORES		JE COSI				USER		ELIGIBLE
ACOMMINITES HACEDIES MARKET	202		\$	220 246 60		79.53					4	38.30
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	383	2,890	Ş	229,846.69					\$		Þ	
COMM HOSP INPATIENT TOTAL	112	786		195,531.18	24	18.77		.31		1745.81		32.58
HSC HOSPITALS	4	18		.00		.00		003		.00		.00
NON-HSC HOSPITALS TOTAL	6	54		106,689.49		/5./3		09		17781.58		17.78
ACCOMMODATIONS	6	54		43,546.61	80	06.42		09		7257.77		7.26
ADMINISTRATIVE DAYS	2	13		3,006.90	23	31.30		02		1503.45		.50
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	18 54 54 13 0 41 0 714		.00			. (000		.00		.00
ALL OTHER ACCOM	4	41		40,539.71	98	38.77	. (07		10134.93		6.75
ANCILLARIES	6	0		63,142.88		.00	. (000		10523.81		10.52
INPATIENT CROSSOVERS	102	714		63,142.88 88,841.69 .00 34,315.51	12	24.43		.19		871.00		14.80
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SUDGEPY	0	0		.00		.00	. (000		.00		.00
COMM HOSP OUTPATIENT TOTAL	285	2,104		34,315.51	1	L6.31		351		120.41		5.72
MEDICAL	19	36		780.28	2	21.67		06		41.07		.13
SURGERY	0	0		.00		.00		000		.00		.00
PATHOLOGY	23	111		1,151.67		10.38		18		50.07		.19
RADIOLOGY	12	15		667.27		14.48		002		55.61		.11
	20	34		1,164.85		34.26		06		58.24		.19
ROOM USE CROSSOVERS/ALL OTH OUTPINT	262	1,908		30,551.44		L6.01		318		116.61		5.09
CROSSOVERS/ALL OIR OUIPINI	262	1,908	۲.			.00			۲.	.00	بع	.00
@STATE HOSPITAL	0		\$.00	Ş			000	Þ	.00	Þ	
MENTALLY ILL	Ü	0		.00		.00		000		.00		.00
DEVELOP. DISABLED	0 0 0 0 178 0	0	4.	.00		.00		000	4.	.00	4.	.00
@NURSING FACILITY	178	3,194	\$	519,732.46	\$ 16	52.72			\$		Ş	86.59
LEV A-INTERMEDIATE	0 0 0 0 0 0 178 0	0		.00		.00		000		.00		.00
LEV B-REHAB MD	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	. (000		.00		.00
LEV B-REGULAR	178	3,194		519,732.46	16	52.72	. 5	32		2919.85		86.59
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN	0	0	\$.00	\$.00	. (000	\$.00	\$.00
ICF DDH	0	0		.00		.00	. (000		.00		.00
ICF DD	0	0		.00		.00	. (000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	. (000		.00		.00
@HEMODIALYSIS TOTAL	104	307	\$	63,139.65	\$ 20	05.67)51	Ġ	607.11	Ś	10.52
HOSPITAL BASED	0	0		.00		.00		000		.00	•	.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	104	307		63,139.65	2.0)5.67)51		607.11		10.52
@PFHARILTTATION FACILITY	0	0	\$.00	ė Ž.	.00		000	\$.00	Ġ	.00
UOCDITAL DACED	0	0	Y	.00	Ÿ	.00		000	Ų	.00	Y	.00
TNDEDENDENT EXCTITTY	0 0	0		.00		.00		000		.00		.00
INDEPENDENT FACILITY	11	59	\$	474.85	\$				بخ	43.17	بي	.08
@LABORATORY FACILITY	11	59 57	Ą		Ş	8.05		10	Ą	46.53	Ą	
PAIHOLOGY	10			465.33		8.16		009				.08
XO AND OTHERS	1	2	4.	9.52		4.76		000	4.	9.52	4.	.00
@ORGANIZED OUTPATIENT CLINIC	519	995	\$	156,379.14		57.16			\$	301.31	Ş	26.05
CHINIC	13	14		577.60		11.26		02		44.43		.10
SURGICENTER	7	11		1,424.55	12	29.50		02		203.51		.24
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	500	970		154,376.99		59.15		62		308.75		25.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT F	REPORT FO	OR JAN	2003 TF	IRU	DEC	2003	Ι	PAGE 1,980
MOP024	FEE-FOR-SERVICE/DEN	NTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	S FOR IN HOME	SUP	PORT - AGED	A	D CODE	18					
									# C N T C C	TTT 37 3 TTTD 3	aп	

----- MONTHLY AVERAGE -----6,002 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,297	328,169	\$ 470,087.46	\$ 1.43	54.677	\$ 362.44	\$ 78.32
DURABLE MED. EQUIP.	60	220	28,260.48	128.46	.037	471.01	4.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5	3,291.22	658.24	.001	822.81	.55
MEDICAL TRANSPORTATION	128	9,193	39,126.64	4.26	1.532	305.68	6.52
AMBULANCES/AIR TRANS	26	148	3,025.00	20.44	.025	116.35	.50
OTHER TRANS	100	9,019	35,832.52	3.97	1.503	358.33	5.97
OTHER SERVICES	7	26	269.12	10.35	.004	38.45	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	195	2,580	179,065.19	69.41	.430	918.28	29.83
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	150	1,427	122,167.76	85.61	.238	814.45	20.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	51	118	1,449.71	12.29	.020	28.43	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	4	5	4.61	.92	.001	1.15	.00
PROSTHETIST/ORTHOTISTS	8	33	779.98	23.64	.005	97.50	.13
PROSTHETICS	8	33	779.98	23.64	.005	97.50	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	24	51	5,699.77	111.76	.008	237.49	.95
HOSPICE SERVICES	9	144	18,337.36	127.34	.024	2037.48	3.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	787	314,393	71,904.74	.23	52.381	91.37	11.98
@CALIF. CHILDREN SERVICES*	1	1	\$ 9.50	\$ 9.50	.000	\$ 9.50	\$.00
@XOVER EXCLUDING STATE HOSP**	1,467	23,158	\$ 355,933.86	\$ 15.37	3.858	\$ 242.63	\$ 59.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

					MON	THLY AVERAG	E
247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	202	31,839 \$	130,010.24	\$ 4.08	128.903 \$	643.62	\$ 526.36
@PHYSICIANS SERVICES	21	64 \$	405.35	\$ 6.33	.259 \$		\$ 1.64
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	64	405.35	6.33	.259	19.30	1.64
@PHARMACY	175	3,343 \$	56,219.59	\$ 16.82	13.534 \$		
PRESCRIPTION DRUGS	167	767	52,851.27	68.91	3.105	316.47	213.97
SNF/ICF	0	0	11.70	.00	.000	.00	.05
OUTPATIENTS	167	767	52,839.57	68.89	3.105	316.40	213.93
MEDICAL SUPPLIES	52	2,576	3,368.32	1.31	10.429	64.78	13.64
@DENTIST	14	85 \$	5,026.00	\$ 59.13	.344 \$	359.00	\$ 20.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

VISITS - DIAGNOSTIC	9	54	520.00	9.63	.219	57.78	2.11	
ORAL SURGERY	2	21	986.00	46.95	.085	493.00	3.99	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	260.00	.00	.000	.00	1.05	
RESTORATIVE DENTISTRY	2	4	1,360.00	340.00	.016	680.00	5.51	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	2	6	1,900.00	316.67	.024	950.00	7.69	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 1,982	
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR IN HOME SUPI	PORT - BLIND	AID CODE	28			
					MON	THLY AVERAG	GE	
247 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	2	4 \$	74.42	\$ 18.61	.016 \$	37.21	\$.30	
DIAGNOSTIC AND ANC PROCED	0	0	0.0	0.0	000	0.0	0.0	

247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	RAGE COST		COST PER	COST PER
	_	OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2	4	\$ 74.42	\$ 18.61	.016	\$ 37.21	\$.30
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.016	37.21	. 30
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$	\$.07
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.004	16.72	.07
@PODIATRIST	5	7	\$ 83.00	\$ 11.86	.028	\$ 16.60	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	83.00	11.86	.028	16.60	.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	91	\$ 909.13	\$ 9.99	.368	\$ 90.91	\$ 3.68
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	91	909.13	9.99	.368	90.91	3.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	91	909.13	9.99	.368	90.91	3.68
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0	Ω		00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0			00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0			00
ANCILLARIES	0	0		.00		.00	.000	.0			00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0			00
	0	0		.00		.00	.000	.0			00
ALL OTHER INPATIENT	0	0		.00		.00		.0			
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000	.0			00
	0	0				.00	.000	.0			00
SURGERY	0	0		.00		.00	.000				00
PATHOLOGY	0	0		.00			.000	.0			
RADIOLOGY	0	0		.00		.00	.000	.0			00
ROOM USE	0	0		.00		.00	.000	.0			00
CROSSOVERS/ALL OTH OUTPTNT	U U	0	TC 14	.00		.00	.000	.0	U		00
#CALIF DEPT OF HEALTH SERV			ES MO	ONTH-OF-PAYMENT RE	EPORT.	FOR JAN 2	2003 THRU D	EC 2003		PAGE 1	
MOP024	FEE-FOR-SERVICE		GTID:	DODE DI TIID		3.TD G0DT	0.0			01/2	9/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR IN HOME	SUPI	PORT - BLIND		AID CODE				_	
045 51 56551 56	Hanna				3		MOI		_		
247 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		ĸ	COST P	
OCOMMUNITEN HOODIERI EOERI	1.0	OR DAYS OF CARE		000 13		UNIT/DAY		USER	1 ,	ELIGIB	
@COMMUNITY HOSPITAL TOTAL	10	91	\$	909.13	\$	9.99	.368			•	
COMM HOSP INPATIENT TOTAL	•	0		.00		.00	.000	.0			00
HSC HOSPITALS	0	•		.00		.00	.000	.0			00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0			00
ACCOMMODATIONS	0	U		.00		.00	.000	.0			00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0			00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0			00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0			00
ANCILLARIES	0	0		.00		.00	.000	.0			00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0			00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0			00
COMM HOSP OUTPATIENT TOTAL	10	91		909.13		9.99	.368	90.9		3.	
MEDICAL	0	0		.00		.00	.000	.0			00
SURGERY	0	0		.00		.00	.000	.0			00
PATHOLOGY	0	0		.00		.00	.000	.0			00
RADIOLOGY	0	0		.00		.00	.000	.0			00
ROOM USE	0	0		.00		.00	.000	.0			00
CROSSOVERS/ALL OTH OUTPTNT	10	91		909.13	4.	9.99	.368	90.9		3.	
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.0			00
MENTALLY ILL	0	0		.00		.00	.000	.0			00
DEVELOP. DISABLED	0	0	_	.00		.00	.000	.0			00
@NURSING FACILITY	2	3	\$	1,799.34	Ş	599.78		\$ 899.6		•	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.0			00
LEV B-REHAB MD	0	0		.00		.00	.000	. 0			00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.0			00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.0			00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0			00
LEV B-REGULAR	2	3	_	1,799.34		599.78	.012	899.6		7.	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.0		•	00
ICF DDH	0	0		.00		.00	.000	.0			00
ICF DD	0	0		.00		.00	.000	.0			00
ICF DDN/DDCN	0	0		.00	4.	.00	.000	.0			00
@HEMODIALYSIS TOTAL	10	12	\$	9,459.27	\$	788.27	.049	\$ 945.9		•	
HOCDITAL DACED	Λ	Λ		0.0		0.0	000	Λ	11		$\cap \cap$

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HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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@ORGANIZED OUTPATIENT CLINIC	51	91	\$ 13,170.34	<u> </u>	144.73	.368 \$	258.24	\$	53.32
CITNIC	2	2	28 77	7	14.39	008	14 39		.12
SURGICENTER	0	0	.00)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	49	89	13,141.57	7	147.66	.360	268.20		53.20
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	T FOR JAN 2	2003 THRU DEG	2003	P.	AGE 1,984
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - BLIND		AID CODE	28			
CONTRA COSTA COUNT 247 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED I						MON'		GE ·	
247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USER	J	ELIGIBLE
@ALL OTHER PROVIDERS	77	28,138	\$ 42,847.08	\$	1.52	113.919 \$	556.46	\$	173.47
DURABLE MED. EQUIP.	2	2	193.03	3	96.52	.008	96.52		.78
BLOOD BANK	0	0	.00)	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00)	.00	.000 5.903	.00		.00
MEDICAL TRANSPORTATION	14	1,458	7,131.79)	4.89	5.903	509.41		28.87
AMBULANCES/AIR TRANS	1	13	112.32	2	8.64	.053	112 32		45
OTHER TRANS	13	1,444	7,007.61	_	4.85	5.846	539.05		28.37
OTHER SERVICES	1	, 1	11.86	5	11.86	.004	11.86 .00 1435.94		.05
ACUPUNCTURE	0	0	. 0 0)	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	13	269	18.667.19)	69.39	1.089	1435.94		75.58
GENETIC DISEASE TESTING	0	0	.00)	. 00	.000	1435.94		.00
THMC MODEL-NE NE AIDS MSSP	16	149	13 019 77	7	87 38	603			52.71
OCCUPATIONAL THERAPIST	0	0	13,013.77)	00	000	0.0		.00
OPTICIAN	1	5	70 00	,	15 70	020	78 80		.32
DUVCICAL TUEDADICT	0	0	70.03))	13.70	.020	70.09		.00
PODTABLE V DAV	0	0	.00)	.00	.000	78.89 .00 .00		.00
PURIABLE A-RAI	0	0	.00)	.00	.000	.00		
PROSINEITSI/ORIHOITSIS	0	0	.00)	.00	.000	.00		.00
PRUSINETICS	0	0	.00	,	.00	.000	.00		.00
ORTHOTICS	U	U	.00)	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00)	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00)	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00)	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00)	.00	.000			.00
LOCAL EDUCATION AGENCIES	0	0	.00)	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00)	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00)	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00)	.00	.000	.00		.00
ALL OTHER PROVIDERS	42	26,255	3,756.41	_	.14	106.296	89.44		15.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00) \$.00	106.296	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	73	265	\$ 13,469.41	. \$	50.83	1.073 \$	184.51		54.53
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION IT	EM ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL L	INES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABO	VE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	T FOR JAN 2	2003 THRU DEC	2003	P.	AGE 1.985
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	TCES FOR IN HOME	SUPPORT - DISABLED		AID CODE	68			01,20,01
001.1141 000111 0001.1	Solumnia of Seliv	1020 1011 211 110112			1122 0022	MON'	THLY AVERA	GE	
4,011 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVI	ERAGE COST				COST PER
1,011 EDIGIDEE	OBLIE	OR DAYS OF CARE			R UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,439		\$ 2,905,173.36		7.42	97.560 \$	844.77	\$	724.30
@PHYSICIANS SERVICES	566		\$ 68,125.64		22.92	.741 \$	120.36	\$	16.98
	97	136	6,620.12		48.68	.034		Ą	1.65
OUTPATIENT VISITS	41	136 54	1,829.81			.013	68.25 44.63		.46
OFFICE VISITS			-		33.89				
HOME VISITS	0	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	47	64	4,148.75		64.82	.016	88.27		1.03
PREVENTIVE CARE	0	0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00		.00
OTHER OUTPATIENT	16	18	641.56		35.64	.004	40.10		.16
INPATIENT VISITS	4.2	381	19 874 02)	52 16	095	473 19		4 95

19,874.02

.095

473.19

52.16

4.95

42

INPATIENT VISITS

HOSPITAL VISITS 41 332 14,041.02 42.29 .083 342.46	
CRITICAL CARE 8 49 5,833.00 119.04 .012 729.13	1.45
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 7 9 408.37 45.37 .002 58.34	.10
EXAMINATIONS 7 9 408.37 45.37 .002 58.34	.10
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 11 76 16,187.47 212.99 .019 1471.59	4.04
PRINCIPAL SURGEON 9 18 14,684.90 815.83 .004 1631.66	3.66
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 3 58 1,502.57 25.91 .014 500.86	.37
OUTPATIENT SURGERY 13 26 2,189.00 84.19 .006 168.38	.55
PRINCIPAL SURGEON 12 19 2,046.51 107.71 .005 170.54	.51
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 1 7 142.49 20.36 .002 142.49	.04
DIALYSIS 6 20 1,302.58 65.13 .005 217.10	.32
PATHOLOGY 17 140 520.51 3.72 .035 30.62	.13

RADIOLOGY	46	121		3,299.49		27.27	.030		71.73		.82
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		24.69		12.35	.000		12.35		.01
OTHER SERVICES/ALL X-OVERS	455	2,061		17,699.39		8.59	.514		38.90		4.41
@PHARMACY	2,792	87,529	\$	1,226,188.64	\$	14.01	21.822	\$	439.18	\$	305.71
PRESCRIPTION DRUGS	2,687	13,935		1,157,983.70		83.10	3.474		430.96		288.70
SNF/ICF	33	253		16,469.86		65.10	.063		499.09		4.11
OUTPATIENTS	2,662	13,682		1,141,513.84		83.43	3.411		428.82		284.60
MEDICAL SUPPLIES	634	73,594		68,204.94		.93	18.348		107.58		17.00
@DENTIST	226	970	\$		\$	54.47	.242	\$	233.77	\$	13.17
VISITS - DIAGNOSTIC	131	487		5,802.00		11.91	.121		44.29		1.45
ORAL SURGERY	38	158		8,540.00		54.05	.039		224.74		2.13
DRUGS	0	0		.00		.00	.000		.00		.00
	3			300.00		100.00			100.00		
ANESTHESIA		3					.001				.07
PERIODONTICS	18	20		2,722.00		136.10	.005		151.22		.68
ENDODONTICS	10	12		1,521.00		126.75	.003		152.10		.38
RESTORATIVE DENTISTRY	65	157		14,810.00		94.33	.039		227.85		3.69
PROSTHETICS	2	2		325.00		162.50	.000		162.50		.08
	50	127				148.13					
DENTURES, STAYPLATES				18,812.68			.032		376.25		4.69
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	4		.00		.00	.001		.00		.00
								D = 0		-	
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RE	EPOR.	I' FOR JAN	2003 THRU	DEC	2 2003	P	AGE 1,986
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR IN HOME	E SUI	PPORT - DISABLED		AID CODE	68				
							M	TNOI	HLY AVERA	GE ·	
4,011 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	'S	COST PER	(COST PER
1,011 111011111	0,021,0	OR DAYS OF CARE		2111 2112 2 1 0112 0			PER ELIG		USER		ELIGIBLE
O DECMETED TOE	4.0			2 412 40							
@OPTOMETRIST	49	117	\$	2,412.40	\$	20.62	.029		49.23		.60
DIAGNOSTIC AND ANC. PROCED	12	117 12		569.20		20.62 47.43	.029		49.23 47.43		.60 .14
		117 12 99				20.62 47.43 17.17	.029		49.23 47.43 44.74		.60
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	12	117 12		569.20 1,700.17		20.62 47.43 17.17	.029 .003 .025		49.23 47.43 44.74		.60 .14 .42
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	12 38 4	117 12 99 6	\$	569.20 1,700.17 143.03	\$	20.62 47.43 17.17 23.84	.029 .003 .025 .001	\$	49.23 47.43 44.74 35.76	\$.60 .14 .42 .04
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	12 38 4 0	117 12 99 6 0		569.20 1,700.17 143.03 .00		20.62 47.43 17.17 23.84 .00	.029 .003 .025 .001	\$	49.23 47.43 44.74 35.76	\$.60 .14 .42 .04
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	12 38 4 0	117 12 99 6 0	\$	569.20 1,700.17 143.03 .00	\$	20.62 47.43 17.17 23.84 .00	.029 .003 .025 .001 .000	\$	49.23 47.43 44.74 35.76 .00	\$.60 .14 .42 .04 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	12 38 4 0 0	117 12 99 6 0 0	\$	569.20 1,700.17 143.03 .00 .00	\$	20.62 47.43 17.17 23.84 .00 .00	.029 .003 .025 .001 .000 .000	\$	49.23 47.43 44.74 35.76 .00 .00	\$.60 .14 .42 .04 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	12 38 4 0 0 0 33	117 12 99 6 0 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16	\$	20.62 47.43 17.17 23.84 .00 .00 .00 9.36	.029 .003 .025 .001 .000 .000	\$	49.23 47.43 44.74 35.76 .00 .00 .00 22.70	\$.60 .14 .42 .04 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	12 38 4 0 0	117 12 99 6 0 0	\$	569.20 1,700.17 143.03 .00 .00	\$	20.62 47.43 17.17 23.84 .00 .00	.029 .003 .025 .001 .000 .000	\$	49.23 47.43 44.74 35.76 .00 .00	\$.60 .14 .42 .04 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	12 38 4 0 0 0 33	117 12 99 6 0 0 0 80	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20	\$	20.62 47.43 17.17 23.84 .00 .00 .00 .9.36 16.20	.029 .003 .025 .001 .000 .000	\$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20	\$.60 .14 .42 .04 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	12 38 4 0 0 0 33 1	117 12 99 6 0 0 0 80 1	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00	\$	20.62 47.43 17.17 23.84 .00 .00 .00 .9.36 16.20 .00	.029 .003 .025 .001 .000 .000 .000	\$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00	\$.60 .14 .42 .04 .00 .00 .00 .19 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	12 38 4 0 0 0 33 1 0	117 12 99 6 0 0 0 80 1 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00	\$	20.62 47.43 17.17 23.84 .00 .00 .00 .9.36 16.20 .00	.029 .003 .025 .001 .000 .000 .000 .020 .000	\$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00	\$.60 .14 .42 .04 .00 .00 .00 .19 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	12 38 4 0 0 0 33 1 0 0 32	117 12 99 6 0 0 80 1 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96	\$ \$	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28	.029 .003 .025 .001 .000 .000 .000 .020 .000 .000	\$ \$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .00	\$ \$\tau\$.60 .14 .42 .04 .00 .00 .00 .19 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	12 38 4 0 0 0 33 1 0 0 32 33	117 12 99 6 0 0 80 1 0 0 79 3,575	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96	\$ \$ \$	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 9.28 30.06	.029 .003 .025 .001 .000 .000 .000 .020 .000	\$ \$ \$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12	\$\tau_{\tau} \tau_{\tau} \tau_{\tau} \tau_{\tau}	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .00 .18 26.79
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	12 38 4 0 0 0 33 1 0 0 0 32 33 0	117 12 99 6 0 0 80 1 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96	\$ \$	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28	.029 .003 .025 .001 .000 .000 .000 .020 .000 .000	\$ \$ \$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .00	\$ \$\tau\$.60 .14 .42 .04 .00 .00 .00 .19 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	12 38 4 0 0 0 33 1 0 0 32 33	117 12 99 6 0 0 80 1 0 0 79 3,575	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96 107,452.07 .00	\$\tau_{\\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 9.28 30.06	.029 .003 .025 .001 .000 .000 .000 .020 .000	\$ \$	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12	\$\tau_{\tau} \tau_{\tau} \tau_{\tau} \tau_{\tau}	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .00 .18 26.79
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	12 38 4 0 0 0 33 1 0 0 0 32 33 0	117 12 99 6 0 0 80 1 0 79 3,575 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00	\$\tau_{\\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\\tau_{\tau_{\\tau_{\tau_{\\tau_{\\tau_{\tau_{\\cun_{\\tau_{\\tau_{\\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_\cun_{\\tink\tiny\tin_{\cun_{\cun_{\cun_{\cun_{\cun_{\cun_{\\tink\tiny\tin_{\cun_{\cun_{\\cun_{\cun_{\\tink\tiny\tin_{\cun_{\\tink\tin\tin_{\cun_\cun_\}\cun_\cun_\}\cun_\cun_\cun_\cun_\cun_\cun_\cun_\cun_	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 9.28 30.06 .00	.029 .003 .025 .001 .000 .000 .020 .000 .000 .020 .020	\$\tau\$ \$\	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .00 .22.91 3256.12 .00	ማ ማ ማ ማ ማ	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 38 4 0 0 0 0 33 1 0 0 0 32 33 0 0	117 12 99 6 0 0 0 80 1 0 79 3,575 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00	.029 .003 .025 .001 .000 .000 .020 .000 .000 .020 .020	ጥ ው ው ው ው ው	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00	ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	12 38 4 0 0 0 0 33 1 0 0 0 32 33 0 0 0	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00	.029 .003 .025 .001 .000 .000 .020 .000 .020 .020 .891 .000 .000		49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	12 38 4 0 0 0 0 33 1 0 0 0 32 33 0 0 0 0	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 .9.36 16.20 .00 .00 .00 9.28 30.06 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .020 .891 .000 .000 .000	ጥ ው ው ው ው ው	49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00 .00	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 38	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00	.029 .003 .025 .001 .000 .000 .020 .000 .020 .020 .891 .000 .000		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	12 38 4 0 0 0 0 33 1 0 0 0 32 33 0 0 0 0	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 .9.36 16.20 .00 .00 .00 9.28 30.06 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .020 .891 .000 .000 .000		49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00 .00	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 39 6 88 26	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.79 .00 .00 .18 26.79
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 396 88 26 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .020 .891 .000 .000 .000 .000		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.12 18.52
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### PROCEDURE PROCEDURE ### PROCEDURE PROCEDURE ### PROCED	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 32 33 7 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 554,321.90 475,365.49 345,443.00 72,324.50 29,641.47	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .020 .891 .000 .000 .000 .000 .000		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.79 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 32 33 7 7 7 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 554,321.90 475,365.49 345,443.00 72,324.50 29,641.47 8,326.80	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.79 .18 26.79 .20 .38 .39 .39 .39 .39
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 32 33 7 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0	\$	569.20 1,700.17 143.03 .00 .00 .00 .00 .749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 .72,324.50 29,641.47 8,326.80 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 .00 9.36 16.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .020 .000 .000 .020 .891 .000 .000 .000 .700 .197 .054 .017 .017		49.23 47.43 44.74 35.76 .00 .00 .00 .22.70 16.20 .00 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .00 .19 .00 .00 .00 .00 .18 26.79 .00 .00 .00 .18.20 118.52 86.12 18.03 7.39 2.08 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 32 33 7 7 7 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 554,321.90 475,365.49 345,443.00 72,324.50 29,641.47 8,326.80	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.79 .18 26.79 .20 .38 .39 .39 .39 .39
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 32 33 0 0 0 32 33 7 7 7 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0	\$	569.20 1,700.17 143.03 .00 .00 .00 .749.16 16.20 .00 .732.96 107,452.07 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 .72,324.50 29,641.47 8,326.80 .00 21,314.67	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .020 .000 .020 .891 .000 .000 .700 .197 .054 .017 .017 .017		49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18.52 86.12 18.52 86.12 18.03 7.39 2.08 .00 5.31
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 0 396 88 26 7 7 3 0 5 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0 0 33	\$	569.20 1,700.17 143.03 .00 .00 .00 .00 .749.16 16.20 .00 .00 .732.96 107,452.07 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 .72,324.50 29,641.47 8,326.80 .00 21,314.67 42,683.03	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .020 .000 .000 .020 .891 .000 .000 .700 .197 .054 .017 .017 .017 .017		49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .188.20 118.52 86.12 18.03 7.39 2.08 .00 5.31 10.64
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 396 88 26 7 7 3 0 5 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0 0 33 0	\$	569.20 1,700.17 143.03 .00 .00 .00 .749.16 16.20 .00 .732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 72,324.50 29,641.47 8,326.80 .00 21,314.67 42,683.03 57,597.99	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 .22.70 16.20 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18 26.79 .00 .00 .18 .00 .00 .18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 396 88 26 7 7 3 0 5 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0 0 33 0 506 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 72,324.50 29,641.47 8,326.80 .00 21,314.67 42,683.03 57,597.99 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 .00 .00 .00 .00 .0	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 .00 .22.70 16.20 .00 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .00 .18.52 86.12 18.03 7.39 2.08 .00 5.31 10.64 14.36 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 396 88 26 7 7 3 0 5 7 57 0 331	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0 33 0 506 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 .00 .00 .00 .00 .0	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 .00 22.70 16.20 .00 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .18.52 86.12 18.03 7.39 2.08 .00 5.31 10.64 14.36 .00 19.68
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	12 38 4 0 0 0 33 1 0 0 32 33 0 0 0 396 88 26 7 7 3 0 5 7	117 12 99 6 0 0 0 80 1 0 0 79 3,575 0 0 0 0 2,807 792 217 69 69 36 0 0 33 0 506 0	\$	569.20 1,700.17 143.03 .00 .00 .00 749.16 16.20 .00 .00 732.96 107,452.07 .00 .00 .00 .00 .00 .00 .554,321.90 475,365.49 345,443.00 72,324.50 29,641.47 8,326.80 .00 21,314.67 42,683.03 57,597.99 .00	<i>ለ</i>	20.62 47.43 17.17 23.84 .00 .00 .00 9.36 16.20 .00 .00 9.28 30.06 .00 .00 .00 .00 .00 .00 .00	.029 .003 .025 .001 .000 .000 .000 .000 .000 .000 .00		49.23 47.43 44.74 35.76 .00 .00 .00 .22.70 16.20 .00 .00 .22.91 3256.12 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው ው	.60 .14 .42 .04 .00 .00 .00 .19 .00 .00 .18 26.79 .00 .00 .00 .00 .18.52 86.12 18.03 7.39 2.08 .00 5.31 10.64 14.36 .00

SURGERY	4	6	109.66	18.28	.001	27.42		.03
PATHOLOGY	38	199	1,748.48	8.79	.050	46.01		.44
RADIOLOGY	24	59	4,203.22	71.24	.015	175.13		1.05
ROOM USE	57	84	2,911.00	34.65	.021	51.07		.73
CROSSOVERS/ALL OTH OUTPTNT		1,630	68,760.63	42.18	.406	233.88		17.14
@COUNTY HOSPITAL TOTAL	28	254 \$	91,546.84	\$ 360.42	.063 \$		Ş	22.82
CO HOSPITAL INPATIENT TOTAL		198	90,309.27	456.11	.049	4300.44		22.52
HSC HOSPITALS	9	58	65,760.00	1133.79	.014	7306.67		16.39
NON-HSC HOSPITALS TOTAL	2	32	15,799.41	493.73	.008	7899.71		3.94
ACCOMMODATIONS	2	32	7,401.60	231.30	.008	3700.80		1.85
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.008	3700.80		1.85
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	2	Ö	8,397.81	.00	.000	4198.91		2.09
	11							
INPATIENT CROSSOVERS		108	8,749.86	81.02	.027	795.44		2.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	7	56	1,237.57	22.10	.014	176.80		.31
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1	1	11.75	11.75	.000	11.75		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	1	1	36.11	36.11	.000	36.11		.01
CROSSOVERS/ALL OTH OUTPTNT	7	54	1,189.71	22.03	.013	169.96		.30
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					DAG	E 1,987
MOP024	FEE-FOR-SERVICE		VIII OF FAIMENT N.	EFORT FOR UAN 2	2005 TIMO DEC	. 2005		01/29/04
			DE DIGIDIED	AID CODE	60			01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	CICES FOR IN HOME SUPPO	DRI - DISABLED	AID CODE			~ F	
4 011					MONT			
4,011 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	373	2,553 \$	462,775.06	\$ 181.27	.636 \$	1240.68	\$	115.38
COMM HOSP INPATIENT TOTAL	68 17	594	385,056.22	648.24	.148	5662.59		96.00
HSC HOSPITALS	17	159	279,683.00	1759.01	.040	16451.94		69.73
NON-HSC HOSPITALS TOTAL	6	37 37 4 0 33 0 398	56,525.09	1527.71	.009	9420.85		14.09
ACCOMMODATIONS	6	37	22,239.87	601.08	.009	3706.65		5.54
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.001	925.20		.23
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	22	21,314.67	645.90	.008	4262.93		5.31
	6	3 3						
ANCILLARIES	0	200	34,285.22	.00	.000	5714.20		8.55
INPATIENT CROSSOVERS	46	398	48,848.13	122.73	.099	1061.92		12.18
ALL OTHER INPATIENT	_		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	324	1,959	77,718.84	39.67	.488	239.87		19.38
MEDICAL	25	37	1,223.42	33.07	.009	48.94		.31
SURGERY	4	6	109.66	18.28	.001	27.42		.03
PATHOLOGY	37	198	1,736.73	8.77	.049	46.94		.43
RADIOLOGY	24	59	4,203.22	71.24	.015	175.13		1.05
ROOM USE	56	83	2,874.89	34.64	.021	51.34		.72
CROSSOVERS/ALL OTH OUTPTNT		1,576	67,570.92	42.87	.393	235.44		16.85
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	٧	.00
	•	-						
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	4	.00
@NURSING FACILITY	39	399 \$	96,297.42	\$ 241.35	.099 \$	2469.16	\$	24.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	2	46	17,794.54	386.84	.011	8897.27		4.44
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	39	353	78,502.88	222.39	.088	2012.89		19.57
@INTERMEDIATE CARE FACILDD	8	226 \$	41,310.54	\$ 182.79	.056 \$	5163.82	\$	10.30
ICF DDH	0	0	.00	.00	.000	.00	т	.00
ICF DD	0	0	.00	00	000	00		00

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ICF DD

ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	8	226		41,310.54		182.79	.056	5163.82		10.30
@HEMODIALYSIS TOTAL	125	155	\$	82,597.02		532.88	.039		\$	20.59
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	125	155		82,597.02		532.88	.039			20.59
@REHABILITATION FACILITY	9	56	\$	808.12			.014		\$.20
HOSPITAL BASED	3	15		363.96		24.26	.004	121.32		.09
INDEPENDENT FACILITY	6	41		444.16		10.83	.010	74.03		.11
@LABORATORY FACILITY	26	69	\$	884.09		12.81	.017		\$.22
PATHOLOGY	24	61		863.50		14.16	.015	35.98		.22
XO AND OTHERS	2 683	61 8 1,345		20.59		2.57	.002	10.30		.01
@ORGANIZED OUTPATIENT CLINIC	683	1,345	\$	260,407.59		193.61	.335		\$	64.92
CLINIC	18	36		1,762.94		48.97	.009	97.94		.44
SURGICENTER	2	3		259.12		86.37	.001	129.56		.06
HEROIN DETOX CLINIC	2	21		232.26		11.06	.005	116.13		.06
RURAL HEALTH CLINIC	672	1,285		258,153.27		200.90	.320	384.16		64.36
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU I	DEC 2003	P.	AGE 1,988
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE	/DENTAL ICES FOR IN HOME	CIID	חק.זקגקות – חקמקו.		AID CODE	6.8			01/29/04
CONTRA CODIA COUNT	DOMMANT OF BENCY	ICES FOR IN HOME	DOE	FORT DISABLED		AID CODE		NTHLY AVER	GE -	
4,011 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PEF	UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	1,044	291,015	\$	410,786.09	\$	1.41	72.554	\$ 393.47	\$	102.41
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0.0	1,894		102,614.36		54.18	.472	1047.09		25.58
BLOOD BANK	0	1,394 0 2 6,209 492 5,631 86 7		. 0.0		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		1,325.33		662.67	.000	662.67		.33
MEDICAL TRANSPORTATION	116	6,209		34,167.34		5.50	1.548	294.55		8.52
AMBULANCES/AIR TRANS	50	492		6,548.24 27,092.64		13.31	.123	130.96		1.63
OTHER TRANS	62	5,631		27,092.64		4.81	1.404	436.98		6.75
OTHER SERVICES	7	86		526.46		6.12	.021	75.21		.13
OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	3	7		124.35		17.76	.002	41.45		.03
ADULT DAY HEALTH CARE CTR	112	1,334		92,695.63		69.49	.333	827.64		23.11
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	67	1,886		74,382.47		39.44	.470	1110.19		18.54
OCCUPATIONAL THERAPIST	0					.00	.000	.00		.00
OPTICIAN	87	203		2,522.70		12.43	.051	29.00		.63
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	11	25		2,379.78		95.19	.006	216.34		.59
PROSTHETICS	11	25		2,379.78		95.19	.006	216.34		.59
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0 203 0 0 25 25 0 0 45 37 0 1,632 0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	21	45		1,988.06		44.18	.011	94.67		.50
HOSPICE SERVICES	1	37		6,059.86		163.78	.009	6059.86		1.51
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	41	1,632		10,373.20		6.36	.407	253.00		2.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	630	277,741		82,153.01		.30	69.245	130.40		20.48
@CALIF. CHILDREN SERVICES*	51	0 203 0 0 25 25 0 0 45 37 0 1,632 0 0 0 277,741 14,633	\$	64,166.88	\$	4.39	3.648	\$ 1258.17	\$	16.00
@XOVER EXCLUDING STATE HOSP**	1,086	20,043	\$	252,197.67	\$	12.58	4.997	\$ 232.23	\$	62.88
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	TEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	LINE	S ABOVE.						
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU I	EC 2003	PI	AGE 1,989
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - TOTAL						
							MC	NTHLY AVERA	GE -	

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -----10,260 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	8,376	863,595	\$	5,645,284.16	\$	6.54	84.171	\$	673.98	\$	550.22
@PHYSICIANS SERVICES	1,257	5,615	Υ \$	97,545.77	\$	17.37	.547		77.60	Š	9.51
OUTPATIENT VISITS	150	210	Υ	9,553.06	٧	45.49	.020	~	63.69	٧	.93
OFFICE VISITS	80	106		3,436.81		32.42	.010		42.96		.33
HOME VISITS	0	0		.00		.00	.000		.00		.00
	56	75		5,194.69		69.26	.007		92.76		.51
EMERGENCY ROOM	0	0		- ,							
PREVENTIVE CARE				.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	24	29		921.56		31.78	.003		38.40		.09
INPATIENT VISITS	53	431		22,009.37		51.07	.042		415.27		2.15
HOSPITAL VISITS	50	379		15,999.77		42.22	.037		320.00		1.56
CRITICAL CARE	9	50		5,954.60		119.09	.005		661.62		.58
SNF/ICF/TRANS IP CARE	2	2		55.00		27.50	.000		27.50		.01
OPHTHALMOLOGICAL SERVICES	13	15		638.41		42.56	.001		49.11		.06
EXAMINATIONS	13	15		638.41		42.56	.001		49.11		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	78		17,024.45		218.26	.008		1309.57		1.66
PRINCIPAL SURGEON	11	20		15,521.88		776.09	.002		1411.08		1.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	58		1,502.57		25.91	.006		500.86		.15
OUTPATIENT SURGERY	15	35		2,345.78		67.02	.003		156.39		.23
PRINCIPAL SURGEON	13	20		2,057.31		102.87	.002		158.25		.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15		288.47		19.23	.001		144.24		.03
DIALYSIS	6	20		1,302.58		65.13	.002		217.10		.13
PATHOLOGY	25	240		913.99		3.81	.023		36.56		.09
RADIOLOGY	63	159		4,638.29		29.17	.015		73.62		.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		24.69		12.35	.000		12.35		.00
OTHER SERVICES/ALL X-OVERS	1,091	4,425		39,095.15		8.84	.431		35.83		3.81
@PHARMACY	6,946	•	\$	2,360,381.26	\$	12.29		\$	339.82	بغ	230.06
	6,667	31,407	P	2,360,361.26	Ą	70.54	3.061	Ą	332.31	Ą	215.94
PRESCRIPTION DRUGS									428.54		
SNF/ICF	147	1,112		62,995.68		56.65	.108				6.14
OUTPATIENTS	6,551	30,295		2,152,523.91		71.05	2.953		328.58		209.80
MEDICAL SUPPLIES	1,426	160,726	4	144,861.67	4	.90	15.665	4	101.59	4	14.12
@DENTIST	435	1,763	Ş	107,878.68	\$	61.19	.172	Ş	248.00	Ş	10.51
VISITS - DIAGNOSTIC	246	830		10,775.00		12.98	.081		43.80		1.05
ORAL SURGERY	77	358		18,098.00		50.55	.035		235.04		1.76
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	4	4		400.00		100.00	.000		100.00		.04
PERIODONTICS	26	27		3,813.00		141.22	.003		146.65		. 37
ENDODONTICS	16	24		4,566.00		190.25	.002		285.38		.45
RESTORATIVE DENTISTRY	88	219		22,371.00		102.15	.021		254.22		2.18
PROSTHETICS	2	2		325.00		162.50	.000		162.50		.03
DENTURES, STAYPLATES	119	290		47,530.68		163.90	.028		399.42		4.63
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	7	9		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S M	IONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003		AGE 1,990
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR IN HOME S	SUP	PORT - TOTAL							
							M	TNO	HLY AVERA	GE -	
10,260 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	82		\$	4,302.42	\$	20.29	.021		52.47		.42
DIAGNOSTIC AND ANC. PROCED	14	14	•	664.10		47.44	.001		47.44	•	.06
EYE APPLIANCES	66	180		3,388.51		18.83	.018		51.34		.33
OTHER OPTOMETRIC SERVICES	10	18		249.81		13.88	.002		24.98		.02
	= -	= -		= == : 3 =							

@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	104	196	\$ 1,891.91	\$ 9.65	.019	\$ 18.19	\$.18
MEDICINE/INJECTIONS	3	3	59.00	19.67	.000	19.67	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	101	193	1,832.91	9.50	.019	18.15	.18
@HOME HEALTH AGENCY	37	3,598	\$ 109,060.52	\$ 30.31	.351	\$ 2947.58	\$ 10.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	795	5,844	\$ 794,026.42	\$ 135.87	.570	\$ 998.78	\$ 77.39
HOSP INPATIENT TOTAL	204	1,620	679,526.71	419.46	.158	3331.01	66.23
HSC HOSPITALS	31	241	352,163.00	1461.26	.023	11360.10	34.32

NON-HISC HOSPITAL TOTAL	13	143	110,013.00	T433.40	. 0 1 2	13//0.31	1/.13
ACCOMMODATIONS	13	123	73,188.08	595.03	.012	5629.85	7.13
ADMINISTRATIVE DAYS	5	49	11,333.70	231.30	.005	2266.74	1.10
TRANSITIONAL IP CARE	0		.00	.00		.00	.00
ALL OTHER ACCOM	9	0 74	61,854.38	835.87	.007	6872.71	6.03
ANCILLARIES	13 5 0 9 13 162 0	0	105.825.91	.00 835.87 .00 118.11	.000	8140.45	10.31
INPATIENT CROSSOVERS	162	0 1,256	105,825.91 148,349.72	118.11		915.74	14.46
ALL OTHER INPATIENT	0	0	.00	00	.000	.00	.00
HOSP OUTPATIENT TOTAL	628	4,224	.00 114,499.71	.00 27.11 28.47			11.16
MEDICAL	45	76	2,163.52	28 47	.007	48 08	.21
SURGERY	5	7	118.77	28.47 16.97	.001	182.32 48.08 23.75	.01
PATHOLOGY	62	311	2,925.54	9.41	.030	47.19	.29
RADIOLOGY	36	74	4,870.49	65.82	.007	135.29	.47
ROOM USE	78	120	4,148.07	34.57	.012	53.18	.40
CROSSOVERS/ALL OTH OUTPTNT	568	3,636	100,273.32	27.58	.354	176.54	9.77
@COUNTY HOSPITAL TOTAL	2.5	310 \$	100,273.32	\$ 324.18		\$ 2871.30	
CO HOSPITAL INPATIENT TOTAL			98,939.31		.023	3957.57	9.64
HSC HOSPITALS	10	64	72,480.00	412.25 1132.50	.006	7248.00	7.06
NON-HSC HOSPITALS TOTAL	2	3.2	15,799.41	493.73	.003	7899.71	1.54
ACCOMMODATIONS	2	32	7,401.60	231.30	.003	3700.80	.72
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.003	3700.80	.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00			.00
ANCILLARIES	2	240 64 32 32 32 0 0 0 144 0 70 3 1 2 0 3 61	8,397.81	.00	.000	.00 4198.91	.82
INPATIENT CROSSOVERS	14	144	10,659.90	74 03	.014	761.42	1.04
ALL OTHER INPATIENT	0	0	.00	74.03 .00 22.23	.000	.00	.00
	10	70	1 556 23	22 23	.007	155 62	.15
MEDICAL	2	, 3	.00 1,556.23 159.82	22.23 53.27	.000	155.62 79.91	.02
SURGERY	1	1	9.11	9.11	.000	9.11	.00
PATHOLOGY	2	2	37.14	18.57	.000	18.57	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	108.33	36.11	.000	36.11	.01
CROSSOVERS/ALL OTH OUTPTNT	9	61	1,241.83	20.36	.006	137.98	.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITIBES M	ONTH-OF-DAVMENT RE				PAGE 1,991
MOP024	FEE-FOR-SERVICE		OIVIII OI IIIIIIIIVI KI	HORT TOR OTHE Z	005 III(0 D	DC 2005	01/29/04
CONTRA COSTA COUNT		VICES FOR IN HOME SUP	PORT - TOTAL				01/25/01
CONTINI CODIII COOMI	BOILING OF BEILV	1010 1010 110 110111 201	101111		MOI	NTHLY AVERA	GE
10,260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITIRES	AVERAGE COST			COST PER
•		OP DAVE OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	766 180	5,534 \$	693,530.88	\$ 125.32		\$ 905.39	
COMM HOSP INPATIENT TOTAL	180	1,380	580 587 40	420 72	.135	3225.49	56.59
HSC HOSPITALS	21 12 12	177	279,683.00	1580.13 1793.57	.017	13318.24	27.26
NON-HSC HOSPITALS TOTAL	12	91	163,214.58	1793 57	.009	13601.22	15.91
ACCOMMODATIONS	12	91	65,786.48	722.93	.009	5482.21	6.41
ADMINISTRATIVE DAYS	3	17	3,932.10	231.30	.002	1310.70	.38
TRANSITIONAL IP CARE	0 9 12	1	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	74	61,854.38	835.87	.007	6872.71	6.03
ANCILLARIES	12	, 1	97,428.10		.000	8119.01	9.50
INPATIENT CROSSOVERS	9 12 148	1777 91 91 17 0 74 0 1,112	137,689.82	.00 123.82		930.34	13.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	619	4,154	112,943.48	27.19	.405	182.46	11.01
MEDICAL	019		2 002 70	27.19		102.40	11.01

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NON-HSC HOSPITAL TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

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27.45

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@NURSING FACILITY	219	3,596	\$	617,829.22	\$	171.81	.350	\$	2821.14	\$	60.22
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	2	46		17,794.54		386.84	.004		8897.27		1.73
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	219	3,550		600,034.68		169.02	.346		2739.88		58.48
@INTERMEDIATE CARE FACILDD	8	226	\$	41,310.54	\$	182.79	.022	\$	5163.82	\$	4.03
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	226		41,310.54		182.79	.022		5163.82		4.03
@HEMODIALYSIS TOTAL	239	474	\$	155,195.94	\$	327.42	.046	\$	649.36	\$	15.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	239	474		155,195.94		327.42	.046		649.36		15.13
@REHABILITATION FACILITY	9	56	\$	808.12	\$	14.43	.005	\$	89.79	\$.08
HOSPITAL BASED	3	15		363.96		24.26	.001		121.32		.04
INDEPENDENT FACILITY	6	41		444.16		10.83	.004		74.03		.04
@LABORATORY FACILITY	37	128	\$	1,358.94	\$	10.62	.012	\$	36.73	\$.13
PATHOLOGY	34	118		1,328.83		11.26	.012		39.08		.13
XO AND OTHERS	3	10		30.11		3.01	.001		10.04		.00
@ORGANIZED OUTPATIENT CLINIC	1,253	2,431	\$	429,957.07	\$	176.86	.237	\$	343.14	\$	41.91
CLINIC	33	52		2,369.31		45.56	.005		71.80		.23
SURGICENTER	9	14		1,683.67		120.26	.001		187.07		.16
HEROIN DETOX CLINIC	2	21		232.26		11.06	.002		116.13		.02
RURAL HEALTH CLINIC	1,221	2,344		425,671.83		181.60	.228		348.63		41.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITU	RES MON	ITH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,992
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES I	FOR IN HOM	E SUPPO	DRT - TOTAL							
							M	IONT	HLY AVERA	GE -	

10,260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,418	647,322	\$ 923,720.63	\$ 1.43	63.092		
DURABLE MED. EQUIP.	160	2,116	131,067.87	61.94	.206	819.17	12.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	4,616.55	659.51	.001	769.43	.45
MEDICAL TRANSPORTATION	258	16,860	80,425.77	4.77	1.643	311.73	7.84
AMBULANCES/AIR TRANS	77	653	9,685.56	14.83	.064	125.79	.94
OTHER TRANS	175	16,094	69,932.77	4.35	1.569	399.62	6.82
OTHER SERVICES	15	113	807.44	7.15	.011	53.83	.08
ACUPUNCTURE	3	7	124.35	17.76	.001	41.45	.01
ADULT DAY HEALTH CARE CTR	320	4,183	290,428.01	69.43	.408	907.59	28.31
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	233	3,462	209,570.00	60.53	.337	899.44	20.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	139	326	4,051.30	12.43	.032	29.15	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	5	4.61	.92	.000	1.15	.00
PROSTHETIST/ORTHOTISTS	19	58	3,159.76	54.48	.006	166.30	.31
PROSTHETICS	19	58	3,159.76	54.48	.006	166.30	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	45	96	7,687.83	80.08	.009	170.84	.75
HOSPICE SERVICES	10	181	24,397.22	134.79	.018	2439.72	2.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	1,632	10,373.20	6.36	.159	253.00	1.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,459	618,389	157,814.16	.26	60.272	108.17	15.38
@CALIF. CHILDREN SERVICES*	52	14,634	\$ 64,176.38	\$ 4.39	1.426	\$ 1234.16	\$ 6.26

@XOVER EXCLUDING STATE HOSP** 2,626 43,466 \$ 621,600.94 \$ 14.30 4.236 \$ 236.71 \$ 60.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,993
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR PUBLIC A	SSIS	TANCE - AGED		14017		~ =	
F1 005 F1 TGTP1 FG	Hanna					MON			
71,895 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	52,974		\$	27,272,758.15	\$ 8.80	43.110 \$		\$	379.34
@PHYSICIANS SERVICES	8,331		\$	383,413.80	\$ 14.20	.375 \$		\$	5.33
OUTPATIENT VISITS	419	530		21,256.72	40.11	.007	50.73		.30
OFFICE VISITS	328	407		13,460.33	33.07	.006	41.04		.19
HOME VISITS	5	11		567.60	51.60	.000	113.52		.01
EMERGENCY ROOM	78	85		6,618.39	77.86	.001	84.85		.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	23	27		610.40	22.61	.000	26.54		.01
INPATIENT VISITS	84	334		15,099.83	45.21	.005	179.76		.21
HOSPITAL VISITS	66	298		13,569.73	45.54	.004	205.60		.19
CRITICAL CARE	4	7		851.20	121.60	.000	212.80		.01
SNF/ICF/TRANS IP CARE	20	29		678.90	23.41	.000	33.95		.01
OPHTHALMOLOGICAL SERVICES	100	105		4,320.82	41.15	.001	43.21		.06
EXAMINATIONS	99	104		4,284.42	41.20	.001	43.28		.06
	1	104		36.40	36.40	.000	36.40		.00
SERVICES AND MATERIALS	21	78			119.82	.001	445.04		.13
INPATIENT HOSPITAL SURGERY	21 17			9,345.74					
PRINCIPAL SURGEON		21		6,576.50	313.17	.000	386.85		.09
ASSISTANT SURGEON	3	4		1,330.83	332.71	.000	443.61		.02
ANESTHESIOLOGIST	5	53		1,438.41	27.14	.001	287.68		.02
OUTPATIENT SURGERY	48	112		15,354.52	137.09	.002	319.89		.21
PRINCIPAL SURGEON	38	42		13,583.27	323.41	.001	357.45		.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	12	70		1,771.25	25.30	.001	147.60		.02
DIALYSIS	1	3		216.48	72.16	.000	216.48		.00
PATHOLOGY	56	451		2,213.02	4.91	.006	39.52		.03
RADIOLOGY	125	253		10,689.26	42.25	.004	85.51		.15
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	14	14		1,516.71	108.34	.000	108.34		.02
OTHER SERVICES/ALL X-OVERS	7,791	25,115		303,400.70	12.08	.349	38.94		4.22
@PHARMACY	44,788	665,222	\$	11,188,783.79	\$ 16.82	9.253 \$	249.82	\$	155.63
PRESCRIPTION DRUGS	44,171	159,942		10,798,839.42	67.52	2.225	244.48		150.20
SNF/ICF	1,585	9,157		478,776.82	52.29	.127	302.07		6.66
OUTPATIENTS	42,727	150,785		10,320,062.60	68.44	2.097	241.53		143.54
MEDICAL SUPPLIES	4,348	505,280		389,944.37	.77	7.028	89.68		5.42
@DENTIST	3,127	•	\$	626,796.02	\$ 48.27	.181 \$		Ś	8.72
VISITS - DIAGNOSTIC	1,923	7,295	•	84,027.61	11.52	.101	43.70	•	1.17
ORAL SURGERY	473	1,269		62,326.75	49.11	.018	131.77		.87
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	9	9		900.00	100.00	.000	100.00		.01
PERIODONTICS	232	239		29,007.50	121.37	.003	125.03		.40
ENDODONTICS	121	177		36,484.00	206.12	.003	301.52		.51
RESTORATIVE DENTISTRY	620	1,811		152,020.00	83.94	.025	245.19		2.11
PROSTHETICS	34	44		1,310.00	29.77	.001	38.53		.02
	866			260,635.16	128.77	.028	300.96		3.63
DENTURES, STAYPLATES		2,024		-					
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	87	115		85.00	.74	.002	.98		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

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01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

CONTRA COSTA COUNT	SUMMARY OF SERV	TICES FOR PUBLIC ASSIS	STANCE - AGED				_
F1 005 FT TGTPT FG	******				MONT		
71,895 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.		OR DAYS OF CARE	62,238.66	PER UNIT/DAY	_	USER	ELIGIBLE
@OPTOMETRIST	1,123	3,579 \$	62,238.66	\$ 17.39	.050 \$	55.42	
DIAGNOSTIC AND ANC. PROCED	139	142	6,077.46	42.80 16.03 19.99	.002	43.72	.08
EYE APPLIANCES	932	3,167	50,764.32	16.03	.044	54.47	.71
OTHER OPTOMETRIC SERVICES	169	270		19.99	.004	31.93	.08
@CHIROPRACTOR	3	7 \$	51.35	\$ 7.34	.000 \$	17.12	\$.00
VISITS	1	2	32.54	16.27	.000	32.54	.00
OTHER SERVICES	2	5	18.81	3.76	.000	9.41	.00
@PODIATRIST	774	1,228 \$	18.81 12,249.76	\$ 9.98	.017 \$	15.83	\$.17
MEDICINE/INJECTIONS	14	22	473.50	21.52	.000	33.82	.01
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0	0		.00	.000	.00	.00
OTHER	760	1,205	.00 11,765.26	9.76	.017	15.48	.16
@HOME HEALTH AGENCY	, 00	1,203 64 ¢	4,472.52	\$ 69.88	.001 \$	496.95	
MIDOR AMEGRUEGICT	Ó	U 6	.00	\$.00	.000 \$.00	
NURSE ANESINESISI	0	0 Ş	.00	\$.00	.000 \$.00	
NORSE MIDMILE	0	0 Ş	.00	\$.00			
PEDIAIRIC NURSE PRACIIIIONER	1.5	0 Ş	.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	15	24 \$	582.23	\$ 24.26	.000 \$	38.82	
@TOTAL HOSPITAL	4,592	24,341 \$	3,998,688.45			870.79	
HOSP INPATIENT TOTAL	948	5,288	3,625,582.18	685.62	.074	3824.45	50.43
HSC HOSPITALS	247	1,308	1,202,211.26	919.12	.018	4867.25	16.72
NON-HSC HOSPITAL TOTAL	217	1,108	1,991,725.43	1797.59	.015	9178.46	27.70
ACCOMMODATIONS	217	1,108	574,173.02	518.21	.015	2645.96	7.99
ADMINISTRATIVE DAYS	43	178	30,499.38	171.34	.002	709.29	.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	181	930	543,673.64	584.60	.013	3003.72	7.56
ANCILLARIES	215	0	1,417,552.41	.00	.000	6593.27	19.72
INPATIENT CROSSOVERS	498	2,872	431,645.49	150.29	.040	866.76	6.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3,800	19,053	.00 373,106.27	19.58	.265	98.19	5.19
MEDICAL	76	128	5,130.19	40.08	.002	67.50	.07
SURGERY	22	24	2,018.22	84.09	.000	91.74	.03
PATHOLOGY	130	24 604 147 131 18,019	6,417.23	10.62	.008	49.36	.09
RADIOLOGY	75	147	6,417.23 9,614.40	65.40	.002	128.19	.13
ROOM USE	97	131	4,563.04	34.83	.002	47.04	.06
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3 638	18 019	345,363.19	19.17	.251	94.93	4.80
@COUNTY HOSPITAL TOTAL	147	777 \$	371,243.30	\$ 477.79		2525.46	
CO HOSPITAL INPATIENT TOTAL	25	566	366,775.79	648.01	.008	4315.01	5.10
HSC HOSPITALS	66				.005	5348.91	4.91
NON-HSC HOSPITALS TOTAL	00	0	333,027.91	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3,638 147 85 66 0 0 0 0	0	353,027.91 .00 .00 .00 .00 .00 .00 .13,747.88	.00			.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00 .00 723.57	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	206	13,747.88	66.74	.003	723.57	.19
ADD OTHER INFATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63	211	4,467.51	21.17	.003	70.91	.06
MEDICAL	11	17	733.26	43.13	.000	66.66	.01
SURGERY	8	9	184.47	20.50	.000	23.06	.00
PATHOLOGY	7	18	228.53	12.70	.000	32.65	.00
RADIOLOGY	4	6	637.77	106.30	.000	159.44	.01
ROOM USE	16	22	970.16	44.10	.000	60.64	.01
CROSSOVERS/ALL OTH OUTPTNT	49	139	1,713.32	12.33	.002	34.97	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 1,995
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						MOI	NTHLY AVERAG	GE -	
71,895 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,454	23,564	\$	3,627,445.15	\$ 153.94	.328	\$ 814.42	\$	50.45
COMM HOSP INPATIENT TOTAL	865	4,722		3,258,806.39	690.13	.066	3767.41		45.33
HSC HOSPITALS	182	948		849,183.35	895.76	.013	4665.84		11.81
NON-HSC HOSPITALS TOTAL	217	1,108		1,991,725.43	1797.59	.015	9178.46		27.70
ACCOMMODATIONS	217	1,108		574,173.02	518.21	.015	2645.96		7.99
ADMINISTRATIVE DAYS	43	178		30,499.38	171.34	.002	709.29		.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	181	930		543,673.64	584.60	.013	3003.72		7.56
ANCILLARIES	215	0		1,417,552.41	.00	.000	6593.27		19.72
INPATIENT CROSSOVERS	479	2,666		417,897.61	156.75	.037	872.44		5.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	3,742	18,842		368,638.76		19.56	.262		98.51		5.13
MEDICAL	66	111		4,396.93		39.61	.002		66.62		.06
SURGERY	14	15		1,833.75		122.25	.000		130.98		.03
PATHOLOGY	123	586		6,188.70		10.56	.008		50.31		.09
RADIOLOGY	71	141		8,976.63		63.66	.002		126.43		.12
ROOM USE	82	109		3,592.88		32.96	.002		43.82		.05
CROSSOVERS/ALL OTH OUTPTNT	3,592	17,880		343,649.87		19.22	.249		95.67		4.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,729	44,165	\$	6,261,991.93	\$	141.79	.614	\$	3621.74	\$	87.10
LEV A-INTERMEDIATE	9	349		27,594.60		79.07	.005		3066.07		.38
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	7		2,600.08		371.44	.000		2600.08		.04
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,719	43,809		6,231,797.25		142.25	.609		3625.25		86.68
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	-	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	514	801	\$	294,716.18	\$	367.94	.011	\$	573.38	\$	4.10
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00		.00
HEMODIALYSIS CENTER	514	801		294,716.18		367.94	.011		573.38		4.10
@REHABILITATION FACILITY	2	3	\$	86.79	\$	28.93	.000	\$	43.40	\$.00
HOSPITAL BASED	2	3	•	86.79	•	28.93	.000	-	43.40		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	134	435	\$	4,710.23	\$	10.83	.006	\$	35.15	\$.07
PATHOLOGY	84	355	•	4,139.85	•	11.66	.005	-	49.28		.06
XO AND OTHERS	50	80		570.38		7.13	.001		11.41		.01
@ORGANIZED OUTPATIENT CLINIC	8,333	14,644	\$	2,217,392.70	\$	151.42	.204	\$	266.10	\$	30.84
CLINIC	183	427	•	12,495.85		29.26	.006	-	68.28		.17
SURGICENTER	75	108		12,964.10		120.04	.002		172.85		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8,116	14,109		2,191,932.75		155.36	.196		270.08		30.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPORT			DEC	2003	PA	GE 1,996
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES		. ASSI	STANCE - AGED							, -,
							M	ONT	HLY AVERA	GE -	

MONTHLY AVERAGE **USERS** 71,895 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @ALL OTHER PROVIDERS 8,874 2,304,873 2,216,583.74 \$.96 32.059 \$ 249.78 \$ 30.83 DURABLE MED. EQUIP. 341 1,290 91,546.62 70.97 .018 268.47 1.27 BLOOD BANK 0 0 .00 .00 .000 .00 .00 69,017.83 102 605.42 HEARING AID DISPENSERS 114 .002 676.65 .96 669 48,610 209,585.50 4.31 .676 313.28 2.92 MEDICAL TRANSPORTATION 133 1,202 16,109.50 13.40 .017 121.12 .22 AMBULANCES/AIR TRANS OTHER TRANS 513 47,098 191,546.49 4.07 .655 373.38 2.66 47 310 OTHER SERVICES 6.22 41.05 .03 1,929.51 .004 515 2,013 17.52 .028 68.48 .49 ACUPUNCTURE 35,265.57 11,124 ADULT DAY HEALTH CARE CTR 903 772,062.01 69.41 .155 855.00 10.74 GENETIC DISEASE TESTING 1 105.00 105.00 .000 105.00 .00 1 IHMC, MODEL-NF, NF, AIDS, MSSP 434 4,683 346,661.68 74.03 .065 798.76 4.82 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 52,092.27 OPTICIAN 1,635 4,225 12.33 .059 31.86 .72 3 .00 9 78.65 8.74 .000 26.22 PHYSICAL THERAPIST PORTABLE X-RAY 62 100 295.07 2.95 .001 4.76 .00 PROSTHETIST/ORTHOTISTS 181 462 14,089.67 77.84 .20 30.50 .006 .006 PROSTHETICS 178 457 13,664.03 29.90 76.76 .19 ORTHOTICS 3 5 425.64 85.13 .000 141.88 .01

PSYCHOLOGIST	4	8	80.59	10.07	.000	20.15	.00
SPEECH AND AUDIOLOGY	303	662	70,300.59	106.19	.009	232.02	.98
HOSPICE SERVICES	67	1,143	163,133.41	142.72	.016	2434.83	2.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	25.89	12.95	.000	12.95	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,580	2,230,427	392,243.39	.18	31.023	85.64	5.46
@CALIF. CHILDREN SERVICES*	6	10	\$ 1,273.30	\$ 127.33	.000	\$ 212.22	\$.02
@XOVER EXCLUDING STATE HOSP**	14,425	178,374	\$ 2,012,912.16	\$ 11.28	2.481	\$ 139.54	\$ 28.00

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND					
							NTHLY AVERA	_	
5,430 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,960	351,400	\$	3,373,576.09	\$ 9.60	64.715			621.28
@PHYSICIANS SERVICES	979	4,458	\$		\$ 26.17	.821		\$	21.49
OUTPATIENT VISITS	453	716		29,636.46	41.39	.132	65.42		5.46
OFFICE VISITS	304	447		14,308.16	32.01	.082	47.07		2.64
HOME VISITS	16	20		747.40	37.37	.004	46.71		.14
EMERGENCY ROOM	135	179		12,284.49	68.63	.033	91.00		2.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	4	6		494.54	82.42	.001	123.64		.09
OTHER OUTPATIENT	44	64		1,801.87	28.15	.012	40.95		.33
INPATIENT VISITS	72	400		17,968.88	44.92	.074	249.57		3.31
HOSPITAL VISITS	68	383		16,538.48	43.18	.071	243.21		3.05
CRITICAL CARE	7	10		1,216.00	121.60	.002	173.71		.22
SNF/ICF/TRANS IP CARE	4	7		214.40	30.63	.001	53.60		.04
OPHTHALMOLOGICAL SERVICES	54	85		3,547.12	41.73	.016	65.69		.65
EXAMINATIONS	54	85		3,547.12	41.73	.016	65.69		.65
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	31	205		9,823.65	47.92	.038	316.89		1.81
PRINCIPAL SURGEON	18	28		6,803.30	242.98	.005	377.96		1.25
ASSISTANT SURGEON	3	3		367.46	122.49	.001	122.49		.07
ANESTHESIOLOGIST	11	174		2,652.89	15.25	.032	241.17		.49
OUTPATIENT SURGERY	66	149		13,119.79	88.05	.027	198.78		2.42
PRINCIPAL SURGEON	56	85		11,588.80	136.34	.016	206.94		2.13
ASSISTANT SURGEON	1	1		131.24	131.24	.000	131.24		.02
ANESTHESIOLOGIST	11	63		1,399.75	22.22	.012	127.25		.26
DIALYSIS	29	101		8,102.98	80.23	.019	279.41		1.49
PATHOLOGY	86	741		2,220.36	3.00	.136	25.82		.41
RADIOLOGY	140	325		13,166.45	40.51	.060	94.05		2.42
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	10	12		221.45	18.45	.002	22.15		.04
OTHER SERVICES/ALL X-OVERS	482	1,724		18,874.55	10.95	.317	39.16		3.48
@PHARMACY	3,131	84,343	\$	1,176,546.32	\$ 13.95	15.533	\$ 375.77	\$	216.68
PRESCRIPTION DRUGS	3,042	12,663	·	1,093,849.71	86.38	2.332	359.58		201.45
SNF/ICF	111	671		38,851.13	57.90	.124	350.01		7.15
OUTPATIENTS	2,949	11,992		1,054,998.58	87.98	2.208	357.75		194.29
MEDICAL SUPPLIES	618	71,680		82,696.61	1.15	13.201	133.81		15.23
@DENTIST	269	1,134	\$	47,567.63	\$ 41.95	.209	\$ 176.83	\$	8.76
VISITS - DIAGNOSTIC	178	725	·	9,133.00	12.60	.134	51.31		1.68
ORAL SURGERY	35	102		5,776.00	56.63	.019	165.03		1.06
DRUGS	2	2		.00	.00	.000	.00		.00
ANESTHESIA	3	3		300.00	100.00	.001	100.00		.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

PERIODONTICS	23	24	3,673.00	153.04	.004	159.70	.68
ENDODONTICS	10	13	3,041.00	233.92	.002	304.10	.56
RESTORATIVE DENTISTRY	71	178	13,984.25	78.56	.033	196.96	2.58
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	31	59	10,660.38	180.68	.011	343.88	1.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	890.00	222.50	.001	445.00	.16
ALL OTHER SERVICES	11	21	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT REPOR'	r for Jan	2003 THRU DE	EC 2003	PAGE 1,998
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR PUBLIC ASSIST	TANCE - BLIND				
					MOI	THLY AVERAC	FE

CONTRA COSTA COUNT 5.430 ELIGIBLES	SUMMARY OF SERV	JICES FOR PUBLI	C ASS	ISTANCE - BLIND				01/20/01
CONTINI CODIII COOMI	BOILING OF BEILT	vices for fobel	.0 1100.	IDITATED BEIND		MON	THLY AVERAGI	E
5,430 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	RE	-	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	69	172	\$	5,710.54	\$ 33.20	.032 \$	82.76	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	26	28		1,280,17	45.72	.005	49.24	. 24
EYE APPLIANCES	47	121		3,603.48	29.78	.022	76.67	.66
OTHER OPTOMETRIC SERVICES	15	23		826.89	35.95	.004	55.13	.15
@CHIROPRACTOR	11	18	\$	300.96	\$ 16.72	.003 \$	27.36	\$.06
VISITS	10	17	•	284.24	16.72	.003	28.42	.05
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	90	199	\$	2,385.07	\$ 11.99	.037 \$	26.50	\$.44
MEDICINE/INJECTIONS	40	42	•	1,020.80	24.30	.008	25.52	.19
SURGERY/ANES.	3	4		84.79	21.20	.001	28.26	.02
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	50	153		1,279.48	8.36	.028	25.59	.24
@HOME HEALTH AGENCY	36	2,936	\$	91,219.01	\$ 31.07	.541 \$	2533.86	\$ 16.80
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	5 .00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000 \$.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	551	4,022	\$	683,133.07	\$ 169.85	.741 \$	1239.81	\$ 125.81
HOSP INPATIENT TOTAL	112	758		588,058.03	775.80	.140	5250.52	108.30
HSC HOSPITALS	40	191		204,943.18	1073.00	.035	5123.58	37.74
NON-HSC HOSPITAL TOTAL	33	214		323,475.04	1511.57	.039	9802.27	59.57
ACCOMMODATIONS	33	214		94,906.57	443.49	.039	2875.96	17.48
ADMINISTRATIVE DAYS	14	71		14,660.32	206.48	.013	1047.17	2.70
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	143		80,246.25	561.16	.026	3821.25	14.78
ANCILLARIES	33	0		228,568.47	.00	.000	6926.32	42.09
INPATIENT CROSSOVERS	43	353		59,639.81	168.95	.065	1386.97	10.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	472	3,264		95,075.04	29.13	.601	201.43	17.51
MEDICAL	99	155		6,806.23	43.91	.029	68.75	1.25
SURGERY	32	44		1,976.80	44.93	.008	61.78	.36
PATHOLOGY	134	1,004		9,899.45	9.86	.185	73.88	1.82
RADIOLOGY	94	225		15,285.61	67.94	.041	162.61	2.82
ROOM USE	192	300		11,159.96	37.20	.055	58.12	2.06
CROSSOVERS/ALL OTH OUTPTNT	298	1,536		49,946.99	32.52	.283	167.61	9.20
@COUNTY HOSPITAL TOTAL	24	3.78	\$	60,101.55	\$ 159.00	.070 \$	2504.23	\$ 11.07
CO HOSPITAL INPATIENT TOTAL	6	48		48,101.62	1002.12	.009	8016.94	8.86
HSC HOSPITALS	5	40		43,502.75	1087.57	.007	8700.55	8.01
NON-HSC HOSPITALS TOTAL	1	5		3,758.87	751.77	.001	3758.87	. 69
ACCOMMODATIONS	1	5		1,156.50	231.30	.001	1156.50	.21
ADMINISTRATIVE DAYS	Ţ	5		1,156.50	231.30	.001	1156.50	. 21
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
CONTRA COSTA COUNT 5,430 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	1	Ü		2,602.3/	.00	.000	2602.37	.48

INPATIENT CROSSOVERS	1	3	840.00	280.00	.001	840.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	330	11,999.93	36.36	.061	666.66	2.21
MEDICAL	10	23	1,022.33	44.45	.004	102.23	.19
SURGERY	9	18	263.13	14.62	.003	29.24	.05
PATHOLOGY	5	132	1,370.85	10.39	.024	274.17	.25
RADIOLOGY	4	14	1,604.18	114.58	.003	401.05	.30
ROOM USE	14	44	1,687.69	38.36	.008	120.55	.31
CROSSOVERS/ALL OTH OUTPTNT	9	99	6,051.75	61.13	.018	672.42	1.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DEC	2003	PAGE 1,999
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR PUBLIC ASSIS	STANCE - BLIND				
					MONT	HIV AMEDAC	그다

CONTRA COSTA COUNT	SIIMMARY OF SER	VICES FOR PUBLIC .	ASST	STANCE - BLIND						01/25/0
CONTINI CODITI COOM	Borning of Bill	VICES FOR FOREIG		DITINGE DELIND		MOI	NTH	HLY AVERA	GE	
5,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		C	COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	538	3,644	\$	623,031.52	\$ 170.97		Ś	1158.05	Ś	114.74
COMM HOSP INPATIENT TOTAL	538 107	710	٧	539,956.41	760.50	.131		5046.32	٧	99.44
HSC HOSPITALS	2 -	151		161,440.43	1069.14	.028		4612.58		29.73
NON-HSC HOSPITALS TOTAL	33	209		319,716.17	1529.74	.038		9688.37		58.88
ACCOMMODATIONS	35 33 33 14	209		93,750.07	448.56	.038		2840.91		17.27
ADMINISTRATIVE DAYS	14	66		13,503.82	204.60	.012		964.56		2.49
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	21	143		80,246.25	561.16	.026		3821.25		14.78
ANCILLARIES	33	0		225,966.10	.00	.000		6847.46		41.61
INPATIENT CROSSOVERS	42	350		58,799.81	168.00	.064		1400.00		10.83
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	464	2,934		83,075.11	28.31	.540		179.04		15.30
MEDICAL	93	132		5,783.90	43.82	.024		62.19		1.07
SURGERY	24	26		1,713.67	65.91	.005		71.40		.32
PATHOLOGY	133	872		8,528.60	9.78	.161		64.12		1.57
RADIOLOGY	92	211		13,681.43	64.84	.039		148.71		2.52
ROOM USE	182	256		9,472.27	37.00	.047		52.05		1.74
CROSSOVERS/ALL OTH OUTPTNT	293	1,437		43,895.24	30.55	.265		149.81		8.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0 0 98 0	2,533	\$	335,674.69	\$ 132.52	.466	\$	3425.25	\$	61.82
LEV A-INTERMEDIATE	•	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 98 39	0		.00	.00	.000		.00		.00
LEV B-REGULAR	98	2,533		335,674.69	132.52	.466		3425.25		61.82
@INTERMEDIATE CARE FACILDD	39	1,261	\$	193,818.12	\$ 153.70		\$	4969.70	\$	35.69
ICF DDH	27	890		126,003.03	141.58	.164		4666.78		23.20
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	12	371		67,815.09	182.79	.068		5651.26		12.49
@HEMODIALYSIS TOTAL	133	1,605	\$	122,298.52	\$ 76.20	.296	\$	919.54	\$	22.52
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	133	1,605		122,298.52	76.20	.296		919.54		22.52
@REHABILITATION FACILITY	16	289	\$		\$ 13.03	.053	\$	235.34	\$.69
HOSPITAL BASED	4	12		285.51	23.79	.002		71.38		.05
INDEPENDENT FACILITY	12	277		3,479.93	12.56	.051		289.99		.64
@LABORATORY FACILITY	110	600	\$	6,568.46	\$ 10.95	.110	Ş	59.71	Ş	1.21
PATHOLOGY	108	592		6,562.35	11.09	.109		60.76		1.21
XO AND OTHERS	2	8		6.11	.76	.001	_	3.06		.00
@ORGANIZED OUTPATIENT CLINIC	828	1,314	\$	254,614.62	\$ 193.77	.242	Ş	307.51	Ş	46.89
CLINIC	25	58		1,603.17	27.64	.011		64.13		.30
SURGICENTER	2 1	2		224.69	112.35	.000		112.35		.04
HEROIN DETOX CLINIC	Ţ	18		199.08	11.06	.003		199.08		.04

RURAL HEALTH CLINIC	802	1,236	252,587.68	204.36	.228	314.95	46.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN :	2003 THRU DE	C 2003	PAGE 2,000
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR PUBLIC ASS	ISTANCE - BLIND				
					MON	THLY AVERA	GE
5,430 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	873	246,516 \$	333,291.95	\$ 1.35	45.399 \$	381.78	\$ 61.38
DURABLE MED. EQUIP.	89	595	67,454.26	113.37	.110	757.91	12.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	19	5,989.98	315.26	.003	460.77	1.10
MEDICAL TRANSPORTATION	186	17,194	75,519.21	4.39	3.166	406.02	13.91
AMBULANCES/AIR TRANS	100	618	11,587.52	18.75	.114	115.88	2.13
OTHER TRANS	92	16,572	63,884.25	3.85	3.052	694.39	11.77
OTHER SERVICES	4	4	47.44	11.86	.001	11.86	.01
ACUPUNCTURE	15	86	1,524.64	17.73	.016	101.64	.28

ADULT DAY HEALTH CARE CTR	34	569	39,629.78	69.65	.105	1	165.58	7.30
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	66	1,163	58,976.96	50.71	.214		893.59	10.86
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	61	176	4,717.49	26.80	.032		77.34	.87
PHYSICAL THERAPIST	3	8	91.66	11.46	.001		30.55	.02
PORTABLE X-RAY	1	3	81.04	27.01	.001		81.04	.01
PROSTHETIST/ORTHOTISTS	24	75	4,999.83	66.66	.014		208.33	.92
PROSTHETICS	22	72	4,901.82	68.08	.013		222.81	.90
ORTHOTICS	2	3	98.01	32.67	.001		49.01	.02
PSYCHOLOGIST	7	9	231.08	25.68	.002		33.01	.04
SPEECH AND AUDIOLOGY	32	93	6,226.20	66.95	.017		194.57	1.15
HOSPICE SERVICES	5	82	11,782.98	143.69	.015	2	356.60	2.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	67	1,637	12,985.14	7.93	.301		193.81	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	384	224,807	43,081.70	.19	41.401		112.19	7.93
@CALIF. CHILDREN SERVICES*	94	2,662	\$ 64,446.10	\$ 24.21	.490	\$	685.60	\$ 11.87
@XOVER EXCLUDING STATE HOSP**	760	6,793	\$ 195,065.74	\$ 28.72	1.251	\$	256.67	\$ 35.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,001

01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

CONTRA CODIA COONI	SUMMAKI OF SEK	VICES FOR FUBLIC ADS.	ISTANCE DISABBED		MON		C.F.
150 051 BLIGTBIRG	Hanna	INITES OF SERVICE		ATTERNACE COCE	MON		
170,971 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	122 221	OR DAYS OF CARE	100 000 015 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	130,001	7,419,984 \$	102,039,915.99	\$ 13.75	43.399 \$		
@PHYSICIANS SERVICES	29,279	131,863 \$		\$ 30.32	.771 \$		•
OUTPATIENT VISITS	15,753	22,835	975,872.41	42.74	.134	61.95	5.71
OFFICE VISITS	8,670	11,646	364,082.60	31.26	.068	41.99	2.13
HOME VISITS	611	741	31,541.90	42.57	.004	51.62	.18
EMERGENCY ROOM	6,434	8,688	524,503.59	60.37	.051	81.52	3.07
PREVENTIVE CARE	9	9	401.27	44.59	.000	44.59	.00
OB VISITS/COMPRE PERI	33	74	4,020.87	54.34	.000	121.84	.02
OTHER OUTPATIENT	1,321	1,677	51,322.18	30.60	.010	38.85	.30
INPATIENT VISITS	3,111	19,384	913,483.78	47.13	.113	293.63	5.34
HOSPITAL VISITS	2,584	17,007	740,621.16	43.55	.099	286.62	4.33
CRITICAL CARE	245	966	127,462.86	131.95	.006	520.26	.75
SNF/ICF/TRANS IP CARE	522	1,411	45,399.76	32.18	.008	86.97	.27
OPHTHALMOLOGICAL SERVICES	498	617	25,367.45	41.11	.004	50.94	.15
EXAMINATIONS	494	613	25,253.58	41.20	.004	51.12	.15
SERVICES AND MATERIALS	4	4	113.87	28.47	.000	28.47	.00
INPATIENT HOSPITAL SURGERY	1,114	7,456	565,235.26	75.81	.044	507.39	3.31
PRINCIPAL SURGEON	800	1,355	424,075.49	312.97	.008	530.09	2.48
ASSISTANT SURGEON	84	90	21,719.36	241.33	.001	258.56	.13
ANESTHESIOLOGIST	450	6,011	119,440.41	19.87	.035	265.42	.70
OUTPATIENT SURGERY	1,688	3,537	263,123.01	74.39	.021	155.88	1.54
PRINCIPAL SURGEON	1,498	1,899	218,413.23	115.01	.011	145.80	1.28
ASSISTANT SURGEON	7	7	876.49	125.21	.000	125.21	.01
ANESTHESIOLOGIST	254	1,631	43,833.29	26.88	.010	172.57	.26
DIALYSIS	467	1,549	119,766.78	77.32	.009	256.46	.70
PATHOLOGY	3,144	22,806	92,154.03	4.04	.133	29.31	.54
RADIOLOGY	5,018	10,608	354,355.56	33.40	.062	70.62	2.07
PSYCHIATRY	11	17	398.87	23.46	.000	36.26	.00
IMMUNIZATION AND INJECTION	435	1,614	76,965.98	47.69	.009	176.93	.45
OTHER SERVICES/ALL X-OVERS	11,948	41,440	612,016.53	14.77	.242	51.22	3.58
	,	,	,				

@PHARMACY	95,784	1,518,781	Ġ	34,802,152.88	\$	22.91	8.883	\$ 363.34	Ġ	203.56
	94,350	382,702	Ą	32,832,965.93	Ą	85.79	2.238	347.99	Ą	192.04
PRESCRIPTION DRUGS	•	•								
SNF/ICF	3,464	24,170		1,900,011.75		78.61	.141	548.50		11.11
OUTPATIENTS	91,269	358,532		30,932,954.18		86.28	2.097	338.92		180.93
MEDICAL SUPPLIES	9,488	1,136,079		1,969,186.95		1.73	6.645	207.54		11.52
@DENTIST	11,270	53,164	\$	2,151,664.70	\$	40.47	.311	\$ 190.92	\$	12.58
VISITS - DIAGNOSTIC	7,377	32,379		378,183.37		11.68	.189	51.27		2.21
ORAL SURGERY	1,653	4,899		259,477.95		52.97	.029	156.97		1.52
DRUGS	79	87		1,400.00		16.09	.001	17.72		.01
ANESTHESIA	79	80		7,900.00		98.75	.000	100.00		.05
PERIODONTICS	1,072	1,106		161,409.50		145.94	.006	150.57		.94
ENDODONTICS	591	832		171,149.50		205.71	.005	289.59		1.00
RESTORATIVE DENTISTRY	3,241	9,106		690,669.50		75.85	.053	213.10		4.04
PROSTHETICS	97	100		2,955.00		29.55	.001	30.46		.02
DENTURES, STAYPLATES	1,437	4,004		467,991.89		116.88	.023	325.67		2.74
SPACE MAINTAINERS	7	9		330.00		36.67	.000	47.14		.00
MAXILLOFACIAL SERVICES	14	16		1,233.99		77.12	.000	88.14		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	104	123		8,485.00		68.98	.001	81.59		.05
ALL OTHER SERVICES	299	422		479.00		1.14	.002	1.60		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC 2003	P	AGE 2,002
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE - DISABLED)					
							M	ONTHLY AVERA	GE ·	
170 071 FITCIBLES	HCFDC	INTER OF CERTIC		EADEMDILLIDEC	7/17			C COCT DED		COCT DED

170,971 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST				.01	COST PER
CODMONTED TOM	0 000	OR DAYS OF CAR		122 050 10	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,282	6,254	\$	133,850.18	\$ 21.40	.037	Ş	58.65	Ş	.78
DIAGNOSTIC AND ANC. PROCED	1,016	1,032		47,059.82	45.60	.006		46.32		.28
EYE APPLIANCES	1,673	4,877		80,267.92	16.46	.029		47.98		. 47
OTHER OPTOMETRIC SERVICES	203	345		6,522.44	18.91	.002		32.13		.04
@CHIROPRACTOR	86	175	\$	2,653.95	\$ 15.17	.001	\$	30.86	\$.02
VISITS	73	144		2,393.70	16.62	.001		32.79		.01
OTHER SERVICES	13	31		260.25	8.40	.000		20.02		.00
@PODIATRIST	1,714	2,696	\$	52,380.34	\$ 19.43	.016	\$	30.56	\$.31
MEDICINE/INJECTIONS	840	1,008		25,431.89	25.23	.006		30.28		.15
SURGERY/ANES.	279	308		5,600.80	18.18	.002		20.07		.03
RADIO./PATHOLOGY	48	65		1,154.80	17.77	.000		24.06		.01
OTHER	726	1,315		20,192.85	15.36	.008		27.81		.12
@HOME HEALTH AGENCY	544	29,611	\$	989,617.34	\$ 33.42		\$	1819.15	\$	5.79
NURSE ANESTHESIST	11	52	\$	1,213.28	\$ 23.33	.000	\$	110.30	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	30	\$ \$	301.81	\$ 10.06	.000	\$	27.44	\$.00
@TOTAL HOSPITAL	17,755	113,015	\$	24,087,853.01	\$ 213.14	.661	\$	1356.68	\$	140.89
HOSP INPATIENT TOTAL	2,922	21,305		21,853,525.38	1025.75	.125		7478.96		127.82
HSC HOSPITALS	1,570	11,422		14,067,192.72	1231.59	.067		8960.00		82.28
NON-HSC HOSPITAL TOTAL	715	4,729		7,007,754.19	1481.87	.028		9801.05		40.99
ACCOMMODATIONS	714	4,729		2,259,423.29	477.78	.028		3164.46		13.22
ADMINISTRATIVE DAYS	181	1,729		391,713.47	226.55	.010		2164.16		2.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	549	3,000		1,867,709.82	622.57	.018		3402.02		10.92
ANCILLARIES	711	0		4,748,330.90	.00	.000		6678.38		27.77
INPATIENT CROSSOVERS	745	5,154		778,578.47	151.06	.030		1045.07		4.55
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15,683	91,710		2,234,327.63	24.36	.536		142.47		13.07
MEDICAL	3,281	5,154		189,100.31	36.69	.030		57.63		1.11
SURGERY	939	1,113		51,819.36	46.56	.007		55.19		.30
PATHOLOGY	4,960	30,034		302,218.96	10.06	.176		60.93		1.77
RADIOLOGY	3,603	5,736		383,773.25	66.91	.034		106.51		2.24
ROOM USE	8,405	12,125		443,024.12	36.54	.071		52.71		2.59
	•	•		•						

CROSSOVERS/ALL OTH OUTPTNT	8,866	37,548	864,391.63	23.02	.220	97.50	5.06
@COUNTY HOSPITAL TOTAL	1,359	8,170 \$	4,105,373.10	\$ 502.49	.048 \$	3020.88	\$ 24.01
CO HOSPITAL INPATIENT TOTAL	708	5,034	4,016,494.39	797.87	.029	5673.01	23.49
HSC HOSPITALS	543	3,250	3,670,759.41	1129.46	.019	6760.15	21.47
NON-HSC HOSPITALS TOTAL	28	501	221,246.06	441.61	.003	7901.65	1.29
ACCOMMODATIONS	28	501	116,814.85	233.16	.003	4171.96	.68
ADMINISTRATIVE DAYS	26	490	112,575.24	229.75	.003	4329.82	.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	11	4,239.61	385.42	.000	2119.81	.02
ANCILLARIES	28	0	104,431.21	.00	.000	3729.69	.61
INPATIENT CROSSOVERS	150	1,283	124,488.92	97.03	.008	829.93	.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	667	3,136	88,878.71	28.34	.018	133.25	.52
MEDICAL	202	289	10,696.46	37.01	.002	52.95	.06
SURGERY	84	108	4,649.37	43.05	.001	55.35	.03
PATHOLOGY	242	1,071	14,370.86	13.42	.006	59.38	.08
RADIOLOGY	122	204	19,852.66	97.32	.001	162.73	.12
ROOM USE	412	575	22,829.46	39.70	.003	55.41	.13
CROSSOVERS/ALL OTH OUTPINT	273	889	16,479.90	18.54	.005	60.37	.10
		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,003
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	STANCE - DISABLED				
					_	THLY AVERAG	
170,971 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,668	104,845 \$	19,982,479.91	\$ 190.59	.613 \$		\$ 116.88
COMM HOSP INPATIENT TOTAL	2,265	16,271	17,837,030.99	1096.25	.095	7875.07	104.33

170,971 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE	}		PER UNIT/DA			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,668	104,845	\$	19,982,479.91	\$ 190.59	.613	\$ 1198.85	\$ 116.88
COMM HOSP INPATIENT TOTAL	2,265	16,271		17,837,030.99	1096.25	.095	7875.07	104.33
HSC HOSPITALS	1,056	8,172		10,396,433.31	1272.20	.048	9845.11	60.81
NON-HSC HOSPITALS TOTAL	688	4,228		6,786,508.13	1605.13	.025	9864.11	39.69
ACCOMMODATIONS	687	4,228		2,142,608.44	506.77	.025	3118.79	12.53
ADMINISTRATIVE DAYS	155	1,239		279,138.23	225.29	.007	1800.89	1.63
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	547	2,989		1,863,470.21	623.44	.017	3406.71	10.90
ANCILLARIES	684	0		4,643,899.69	.00	.000	6789.33	27.16
INPATIENT CROSSOVERS	595	3,871		654,089.55	168.97	.023	1099.31	3.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15,142	88,574		2,145,448.92	24.22	.518	141.69	12.55
MEDICAL	3,093	4,865		178,403.85	36.67	.028	57.68	1.04
SURGERY	857	1,005		47,169.99	46.94	.006	55.04	.28
PATHOLOGY	4,738	28,963		287,848.10	9.94	.169	60.75	1.68
RADIOLOGY	3,490	5,532		363,920.59	65.78	.032	104.28	2.13
ROOM USE	8,063	11,550		420,194.66	36.38	.068	52.11	2.46
CROSSOVERS/ALL OTH OUTPTNT	8,618	36,659		847,911.73	23.13	.214	98.39	4.96
@STATE HOSPITAL	12	435	\$	250,846.82	\$ 576.66	.003	\$ 20903.90	\$ 1.47
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435		250,846.82	576.66	.003	20903.90	1.47
@NURSING FACILITY	2,071	56,561	\$		\$ 158.48		\$ 4328.11	\$ 52.43
LEV A-INTERMEDIATE	10	479		40,237.18	84.00	.003	4023.72	.24
LEV B-REHAB MD	80	2,667		351,318.98	131.73	.016	4391.49	2.05
LEV B-SUBACUTE FREESTANDING	29	891		518,368.71	581.78	.005	17874.78	3.03
LEV B-SUBACUTE HSPTL BASED	59	1,875		924,550.53	493.09	.011	15670.35	5.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,896	50,649		7,129,040.82	140.75	.296	3760.04	41.70
@INTERMEDIATE CARE FACILDD	777	24,758	\$, ,			\$ 5222.09	\$ 23.73
ICF DDH	434	14,205		2,102,274.51	148.00	.083	4843.95	12.30
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	343	10,553		1,955,291.20	185.28	.062	5700.56	11.44
@HEMODIALYSIS TOTAL	1,641	37,359	\$	1,853,598.42			\$ 1129.55	\$ 10.84
HOSPITAL BASED	4	60		23,454.00	390.90	.000	5863.50	.14
HEMODIALYSIS CENTER	1,637	37,299		1,830,144.42	49.07	.218	1117.99	10.70

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	419	6 881 Š	90 527 09	\$ 13.16	040 S	216 06	\$.53
HOSPITAL BASED	170	553	16.446.38	29.74	.003	96.74	.10
INDEPENDENT FACILITY	249	6.328	74.080.71	11.71	.037	297.51	.43
@LABORATORY FACILITY	3.623	19.532 \$	236.153.50	\$ 12.09	.114 \$	65.18	\$ 1.38
PATHOLOGY	3,557	19.409	234.848.50	12.10	.114	66.02	1.37
XO AND OTHERS	69	123	1.305.00	10.61	. 001	18.91	.01
@ORGANIZED OUTPATIENT CLINIC	36.358	63.043 \$	14.229.506.28	\$ 225.71	.369 \$	391.37	\$ 83.23
CLINIC	914	3,078	106.536.66	34.61	.018	116.56	.62
SURGICENTER	42	93	6,895.31	74.14	.001	164.17	.04
HEROIN DETOX CLINIC	65	707	8,073.80	11.42	.004	124.21	.05
RURAL HEALTH CLINIC	35,606	59,165	14,108,000.51	238.45	.346	396.23	82.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	C 2003	PAGE 2,004
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR PUBLIC ASS	SISTANCE - DISABLED				
					MON'	THLY AVERAG	GE
170,971 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23,276	5,355,774 \$	6,137,774.80	\$ 1.15	31.326 \$	263.70	\$ 35.90
DURABLE MED. EQUIP.	2,023	11,273	1,317,646.77	116.89	.066	651.33	7.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	95	143	37,051.94	259.10	.001	390.02	.22
MEDICAL TRANSPORTATION	5,088	144,803	1,041,117.20	7.19	.847	204.62	6.09
AMBULANCES/AIR TRANS	4,163	39,303	597,317.11	15.20	.230	143.48	3.49
OTHER TRANS	990	104,768	422,398.89	4.03	.613	426.67	2.47
OTHER SERVICES	86	732	21,401.20	29.24	.004	248.85	.13
ACUPUNCTURE	345	1,174	20,762.42	17.69	.007	60.18	.12
ADULT DAY HEALTH CARE CTR	880	11,396	790,659.66	69.38	.067	898.48	4.62
GENETIC DISEASE TESTING	20	20	2,100.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	733	10,438	594,874.16	56.99	.061	811.56	3.48
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	3,426	8,249	102,883.90	12.47	.048	30.03	.60
PHYSICAL THERAPIST	2	6	35.28	5.88	.000	17.64	.00
PORTABLE X-RAY	84	1 001	2,245.94	13.29	.001	26.74	.01
PROSTHETIST/ORTHOTISTS	526	1,881	197,090.50	104.78	.011	3/4./0	1.15 1.13
PRUSTHETICS	485	1,822	193,249.43	100.00 6F 10	.011	398.45	.02
DONOTION OCTOR	100	450	5,641.07	14 01	.000	09.33	.02
PSICHOLOGISI	1 1 4 2	450	100 251 47	14.81 E1 07	.003	35.U8 164.70	1.10
PARECH AND AUDIOLOGI	1,143	3,022 1 702	100,231.47	51.97 150 47	010	2000 26	1.58
NONTHER DERVICES	0	1,792	209,033.02	150.47	.010	0099.20	.00
IOCAL EDITOATION AGENCIES	3 607	72 1/12	.00 576 476 11	7 00	128	150 92	3.37
EDOUT CLIDDLEMENTAL CEDITICE	3,007 N	/3,±±3	2,0,4,0.11	7.00	000	UU T09.02	.00
DECOLDATION CADE DEVOL	0	0	.00	00	000	.00	.00
DED CURACULT CARE FRACI.	0	0	00	.00	000	.00	.00
ALL OTHER PROVIDERS	7 214	5 087 213	990 242 45	19	29 755	137 27	5.79
@CALIF CHILDREN SERVICES*	2 972	111 486 \$	5.580 784 92	\$ 50.06	.652 \$	1877 79	\$ 32.64
@XOVER EXCLUDING STATE HOSP**	15.480	178.359 S	3,271,060,96	\$ 18.34	1.043 \$	211.31	\$ 19.13
CONTRA COSTA COUNT 170,971 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION ITEN	ONLY;	7 20.01	· · · · · · ·		T =2.120

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,005
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	

							MO	NTHLY AVE	RAGE	
45,190 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PE	R	COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	55,804	318,351	\$	16,880,520.49	\$	53.02	7.045	\$ 302.5	0 \$	373.55
@PHYSICIANS SERVICES	5,139	13,755	\$	801,246.59	\$	58.25	.304	\$ 155.9	1 \$	17.73
OUTPATIENT VISITS	3,737	4,974		200,077.52		40.22	.110	53.5	4	4.43
OFFICE VISITS	2,016	2,474		90,662.15		36.65	.055	44.9	7	2.01

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,402	1,576	79,898.57	50.70	.035	56.99	1.77
PREVENTIVE CARE	39	39	1,621.61	41.58	.001	41.58	.04
OB VISITS/COMPRE PERI	102	478	11,755.84	24.59	.011	115.25	.26
OTHER OUTPATIENT	336	406	16,101.93	39.66	.009	47.92	.36
INPATIENT VISITS	497	2,651	278,506.63	105.06	.059	560.38	6.16
HOSPITAL VISITS	414	1,395	71,000.08	50.90	.031	171.50	1.57
CRITICAL CARE	132	1,256	207,506.55	165.21	.028	1572.02	4.59
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	50	58	2,811.80	48.48	.001	56.24	.06
EXAMINATIONS	49	57	2,809.26	49.29	.001	57.33	.06
SERVICES AND MATERIALS	1	1	2.54	2.54	.000	2.54	.00
INPATIENT HOSPITAL SURGERY	302	1,676	174,063.95	103.86	.037	576.37	3.85
PRINCIPAL SURGEON	203	321	130,968.45	408.00	.007	645.16	2.90
ASSISTANT SURGEON	23	25	5,469.46	218.78	.001	237.80	.12
ANESTHESIOLOGIST	135	1,330	37,626.04	28.29	.029	278.71	.83

OUTPATIENT SURGERY	343	682		53,364.65		78.25	.015		155.58		1.18
PRINCIPAL SURGEON	287	331		40,882.33		123.51	.007		142.45		.90
ASSISTANT SURGEON	2	2		431.06		215.53	.000		215.53		.01
ANESTHESIOLOGIST	82	349		12,051.26		34.53	.008		146.97		.27
DIALYSIS	2	4		540.98		135.25	.000		270.49		.01
PATHOLOGY	582	1,520		9,900.28		6.51	.034		17.01		.22
RADIOLOGY	697	988		45,034.87		45.58	.022		64.61		1.00
PSYCHIATRY	3	6		303.44		50.57	.000		101.15		.01
IMMUNIZATION AND INJECTION	119	198					.004		19.45		.05
OTHER SERVICES/ALL X-OVERS	594	998		34,327.75		34.40	.022		57.79		.76
@PHARMACY	6,751	35,772	\$		\$.792	\$		\$	27.05
PRESCRIPTION DRUGS	6,652	15,033	·	1,167,507.37	·	77.66	.333	•	175.51	·	25.84
SNF/ICF	10	46		6,823.03		148.33	.001		682.30		.15
OUTPATIENTS	6,646	14,987		1,160,684.34		77.45	.332		174.64		25.68
MEDICAL SUPPLIES	270	20,739		54,669.70		2.64	.459		202.48		1.21
@DENTIST	16,386	93,483	\$	2,676,071.82	\$	28.63	2.069	\$	163.31	\$	59.22
VISITS - DIAGNOSTIC	12,252	64,046		863,113.04		13.48	1.417		70.45		19.10
ORAL SURGERY	2,380	4,815		292,523.50		60.75	.107		122.91		6.47
DRUGS	772	883		19,553.75		22.14	.020		25.33		.43
ANESTHESIA	100	101		9,300.00		92.08	.002		93.00		.21
PERIODONTICS	451	469		64,064.00		136.60	.010		142.05		1.42
ENDODONTICS	1,316	2,373		276,993.90		116.73	.053		210.48		6.13
RESTORATIVE DENTISTRY	6,094	18,403		1,004,967.70		54.61	.407		164.91		22.24
PROSTHETICS	40	41		890.00		21.71	.001		22.25		.02
DENTURES, STAYPLATES	236	920		69,279.00		75.30	.020		293.56		1.53
SPACE MAINTAINERS	109	131		12,732.00		97.19	.003		116.81		.28
MAXILLOFACIAL SERVICES	26	26		2,887.43		111.06	.001		111.06		.06
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	681	809		59,457.50		73.50	.018		87.31		1.32
ALL OTHER SERVICES	364	465		310.00		.67	.010		.85		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,006
MOP024	FEE-FOR-SERVICE/DE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	ES FOR PUBLIC	ASSI	STANCE - FAMILIES							
							M	-		_	
4F 100 FF FGFFF	TIGED C III	TTEC OF CEPTITO								~	

							IVI	DIN T	HLY AVERA	LG E	
45,190 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	342	942	\$	22,220.01	\$	23.59	.021	\$	64.97	\$.49
DIAGNOSTIC AND ANC. PROCED	253	254		11,720.45		46.14	.006		46.33		.26
EYE APPLIANCES	242	683		10,203.44		14.94	.015		42.16		.23
OTHER OPTOMETRIC SERVICES	5	5		296.12		59.22	.000		59.22		.01
@CHIROPRACTOR	49	83	\$	1,387.76	\$	16.72	.002	\$	28.32	\$.03
VISITS	49	83		1,387.76		16.72	.002		28.32		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	22	\$	1,017.23	\$	46.24	.000	\$	92.48	\$.02
MEDICINE/INJECTIONS	10	12		552.01		46.00	.000		55.20		.01
SURGERY/ANES.	1	2		101.26		50.63	.000		101.26		.00
RADIO./PATHOLOGY	3	5		88.22		17.64	.000		29.41		.00
OTHER	2	3		275.74		91.91	.000		137.87		.01
@HOME HEALTH AGENCY	20	1,734	\$	51,652.07	\$	29.79	.038	\$	2582.60	\$	1.14
NURSE ANESTHESIST	11	62	\$	1,445.40	\$	23.31	.001	\$	131.40	\$.03
NURSE MIDWIFE	6	21	\$	2,906.97	\$	138.43	.000	\$	484.50	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12	19	\$	491.45	\$	25.87	.000	\$	40.95	\$.01
@TOTAL HOSPITAL	3,159	13,348	\$	4,279,451.04	\$	320.61	.295	\$	1354.69	\$	94.70
HOSP INPATIENT TOTAL	400	2,429		3,919,082.83		1613.46	.054		9797.71		86.72
HSC HOSPITALS	327	2,120		3,449,508.78		1627.13	.047		10548.96		76.33
NON-HSC HOSPITAL TOTAL	76	305		468,734.05		1536.83	.007		6167.55		10.37
ACCOMMODATIONS	75	305		198,161.07		649.71	.007		2642.15		4.39
ADMINISTRATIVE DAYS	6	45		9,714.60		215.88	.001		1619.10		.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ANCILLARIES 76 0 270,572.98 .00 .000 3560.17 5.99 INPATIENT CROSSOVERS 1 4 840.00 210.00 .000 840.00 .02 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 2,827 10,919 360,368.21 33.00 .242 127.47 7.97 MEDICAL 664 946 55,510.81 58.68 .021 83.60 1.23	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 2,827 10,919 360,368.21 33.00 .242 127.47 7.97	
HOSP OUTPATIENT TOTAL 2,827 10,919 360,368.21 33.00 .242 127.47 7.97	
· · · · · · · · · · · · · · · · · · ·	
MEDICAL 664 946 55,510.81 58.68 .021 83.60 1.23	
SURGERY 221 263 11,546.93 43.90 .006 52.25 .26	
PATHOLOGY 872 3,993 44,969.01 11.26 .088 51.57 1.00	
RADIOLOGY 631 813 49,717.24 61.15 .018 78.79 1.10	
ROOM USE 2,248 2,873 107,661.40 37.47 .064 47.89 2.38	
CROSSOVERS/ALL OTH OUTPINT 1,021 2,031 90,962.82 44.79 .045 89.09 2.01	
@COUNTY HOSPITAL TOTAL 145 596 \$ 292,050.92 \$ 490.02 .013 \$ 2014.14 \$ 6.46	
CO HOSPITAL INPATIENT TOTAL 71 255 282,561.66 1108.08 .006 3979.74 6.25	
HSC HOSPITALS 71 251 280,805.67 1118.75 .006 3955.01 6.21	
NON-HSC HOSPITALS TOTAL 1 4 1,755.99 439.00 .000 1755.99 .04	
ACCOMMODATIONS 1 4 462.60 115.65 .000 462.60 .01	
ADMINISTRATIVE DAYS 1 4 462.60 115.65 .000 462.60 .01	
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	
ANCILLARIES 1 0 1,293.39 .00 .000 1293.39 .03	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	
CO HOSP OUTPATIENT TOTAL 75 341 9,489.26 27.83 .008 126.52 .21	
MEDICAL 22 29 952.49 32.84 .001 43.30 .02	
SURGERY 17 23 767.77 33.38 .001 45.16 .02	
PATHOLOGY 38 146 2,148.71 14.72 .003 56.55 .05	
RADIOLOGY 8 9 766.78 85.20 .000 95.85 .02	
ROOM USE 55 80 3,506.06 43.83 .002 63.75 .08	
CROSSOVERS/ALL OTH OUTPTNT 30 54 1,347.45 24.95 .001 44.92 .03	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,00	
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/0	04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	
MONTHLY AVERAGE	

45,190 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,027	12,752	\$	3,987,400.12	\$ 312.69	.282	\$ 1317.28	\$ 88.24
COMM HOSP INPATIENT TOTAL	332	2,174		3,636,521.17	1672.73	.048	10953.38	80.47
HSC HOSPITALS	258	1,869		3,168,703.11	1695.40	.041	12281.80	70.12
NON-HSC HOSPITALS TOTAL	75	301		466,978.06	1551.42	.007	6226.37	10.33
ACCOMMODATIONS	74	301		197,698.47	656.81	.007	2671.60	4.37
ADMINISTRATIVE DAYS	5	41		9,252.00	225.66	.001	1850.40	.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	69	260		188,446.47	724.79	.006	2731.11	4.17
ANCILLARIES	75	0		269,279.59	.00	.000	3590.39	5.96
INPATIENT CROSSOVERS	1	4		840.00	210.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,758	10,578		350,878.95	33.17	.234	127.22	7.76
MEDICAL	643	917		54,558.32	59.50	.020	84.85	1.21
SURGERY	204	240		10,779.16	44.91	.005	52.84	.24
PATHOLOGY	834	3,847		42,820.30	11.13	.085	51.34	.95
RADIOLOGY	623	804		48,950.46	60.88	.018	78.57	1.08
ROOM USE	2,196	2,793		104,155.34	37.29	.062	47.43	2.30
CROSSOVERS/ALL OTH OUTPTNT	991	1,977		89,615.37	45.33	.044	90.43	1.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	41	\$	15,659.43	\$	381.94	.001	\$	3914.86	\$.35
HOSPITAL BASED	2	39		15,245.10		390.90	.001		7622.55		.34
HEMODIALYSIS CENTER	2	2		414.33		207.17	.000		207.17		.01
@REHABILITATION FACILITY	78	641	\$	11,474.72	\$	17.90	.014	\$	147.11	\$.25
HOSPITAL BASED	43	171		5,759.57		33.68	.004		133.94		.13
INDEPENDENT FACILITY	35	470		5,715.15		12.16	.010		163.29		.13
@LABORATORY FACILITY	642	2,000	\$	29,236.21	\$	14.62	.044	\$	45.54	\$.65
PATHOLOGY	642	2,000		29,236.21		14.62	.044		45.54		.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23,809	34,335	\$	7,202,918.41	\$	209.78	.760	\$	302.53	\$	159.39
CLINIC	595	2,948		70,886.51		24.05	.065		119.14		1.57
SURGICENTER	5	30		1,053.84		35.13	.001		210.77		.02
HEROIN DETOX CLINIC	9	129		1,432.05		11.10	.003		159.12		.03
RURAL HEALTH CLINIC	23,266	31,228		7,129,546.01		228.31	.691		306.44		157.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PΣ	AGE 2,008
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR PUBLIC	C ASS	ISTANCE - FAMILIES							

CONTINI CODIII COONI	DOMINICI OI DEIC	VICED FOR FORE	C 1100	TOTTHCH TIMITHE				
						MC	ONTHLY AVERA	-
45,190 ELIGIBLES	USERS	UNITS OF SERVI	-	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8,878	122,093	\$	561,164.31	\$ 4.60	2.702		\$ 12.42
DURABLE MED. EQUIP.	75	222		28,191.21	126.99	.005	375.88	.62
BLOOD BANK	3	792		2,376.00	3.00	.018	792.00	.05
HEARING AID DISPENSERS	2	12		1,354.19	112.85	.000	677.10	.03
MEDICAL TRANSPORTATION	383	3,927		71,267.96	18.15	.087	186.08	1.58
AMBULANCES/AIR TRANS	380	3,881		53,029.88	13.66	.086	139.55	1.17
OTHER TRANS	10	36		238.08	6.61	.001	23.81	.01
OTHER SERVICES	10	10		18,000.00	1800.00	.000	1800.00	.40
ACUPUNCTURE	32	100		1,816.58	18.17	.002	56.77	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	137	139		13,854.50	99.67	.003	101.13	.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,926	4,073		36,636.97	9.00	.090	19.02	.81
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	34	101		17,072.31	169.03	.002	502.13	.38
PROSTHETICS	30	97		16,734.54	172.52	.002	557.82	.37
ORTHOTICS	4	4		337.77	84.44	.000	84.44	.01
PSYCHOLOGIST	13	117		6,932.63	59.25	.003	533.28	.15
SPEECH AND AUDIOLOGY	23	61		3,821.85	62.65	.001	166.17	.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,303	33,204		365,524.50	11.01	.735	57.99	8.09
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	79,345		12,315.61	.16	1.756	251.34	.27
@CALIF. CHILDREN SERVICES*	1,440	14,757	\$	3,517,920.12	\$ 238.39	.327	\$ 2443.00	\$ 77.85
@XOVER EXCLUDING STATE HOSP**	15	795	\$	1,982.11	\$ 2.49	.018	\$ 132.14	\$.04
* TOTAL THE THEOR LINES ADD	CITIENT AC A CEDA	DATE TATEODMATTOM	TUTTA	ONT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

----- MONTHLY AVERAGE -----

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PUBLIC ASSI	STANCE - TOTAL				
						NTHLY AVERAG	
293,486 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	242,739	11,189,100 \$	149,566,770.72	\$ 13.37	38.125	\$ 616.16	\$ 509.62
@PHYSICIANS SERVICES	43,728	177,071 \$	5,300,081.74	\$ 29.93	.603		
OUTPATIENT VISITS	20.362	29,055	1,226,843.11	42.22	.099	60.25	4.18
OFFICE VISITS	43,728 20,362 11,318	14,974	482,513.24	32.22	.051	42.63	1.64
HOME VISITS	633	773	32,894.32	42.55	.003	51.97	.11
EMERGENCY ROOM	8,049	10,528	623,305.04	59.20	.036	77.44	2.12
	0,049	48	2,022.88	42.14	.000	42.14	.01
PREVENTIVE CARE	48						
OB VISITS/COMPRE PERI	139	558	16,271.25	29.16	.002	117.06	.06
OTHER OUTPATIENT	1,/24	2,174	69,836.38	32.12	.007	40.51	. 24
INPATIENT VISITS	1,724 1,764 3,764 3,132	22,769	1,225,059.12	53.80	.078	325.47	4.17
HOSPITAL VISITS	3,132	19,083	841,729.45	44.11	.065	268.75	2.87
CRITICAL CARE	388	2,239	337,036.61	150.53	.008	868.65	1.15
SNF/ICF/TRANS IP CARE	546 702	1,447	46,293.06	31.99	.005	84.79	.16
OPHTHALMOLOGICAL SERVICES	702	865	36,047.19	41.67	.003	51.35	.12
EXAMINATIONS	696	859	35,894.38	41.79	.003	51.57	.12
SERVICES AND MATERIALS	6	6	152.81	25.47	.000	25.47	.00
INPATIENT HOSPITAL SURGERY	6 1,468	9,415	758,468.60	80.56	.032	516.67	2.58
PRINCIPAL SURGEON	1 038	1,725	568,423.74	329.52	.006	547.61	1.94
ASSISTANT SURGEON	113	122	28,887.11	236.78	.000	255.64	.10
ANESTHESIOLOGIST	113 601	7,568	161,157.75	21.29	.026	268.15	.55
OUTPATIENT SURGERY	2 1/15	4,480	344,961.97	77.00	.015	160.82	1.18
PRINCIPAL SURGEON	1 070	2,357	284,467.63	120.69	.008	151.39	.97
ACCICHAL SURGEON	1,079	10	1,438.79	143.88	.000	143.88	.00
ASSISTANT SURGEON	10						
ANESTHESIOLOGIST	10 359 499	2,113	59,055.55	27.95	.007	164.50	.20
DIALYSIS	113 601 2,145 1,879 10 359 499 3,868 5,980	1,657	128,627.22	77.63	.006	257.77	. 44
PATHOLOGY	3,868	25,518	106,487.69	4.17	.087	27.53	.36
RADIOLOGY	5,980	12,174	423,246.14	34.77	.041	70.78	1.44
PSYCHIATRY	14	23	702.31	30.54	.000	50.17	.00
IMMUNIZATION AND INJECTION	578	1,838	81,018.86	44.08	.006	140.17	. 28
OTHER SERVICES/ALL X-OVERS	20,815	69,277	968,619.53	13.98	.236	46.53	3.30
@PHARMACY	150,454	2,304,118 \$	48,389,660.06	\$ 21.00	7.851	\$ 321.62	\$ 164.88
PRESCRIPTION DRUGS	148,215	570,340	45,893,162.43	80.47	1.943	309.64	156.37
SNF/ICF	5,170	34,044	2,424,462.73	71.22	.116	468.95	8.26
OUTPATIENTS	143,591	536,296	43,468,699.70	81.05	1.827	302.73	148.11
MEDICAL SUPPLIES	14.724	1,733,778	2,496,497.63	1.44	5.908	169.55	8.51
@DENTIST	31.052	160,765 \$	5,502,100.17	\$ 34.22	.548	\$ 177.19	\$ 18.75
VISITS - DIAGNOSTIC	21,730	104,445	1,334,457.02	12.78	.356	61.41	4.55
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS	4 541	11,085	620,104.20	55.94	.038	136.56	2.11
DRIGS	853	972	20,953.75	21.56	.003	24.56	.07
ANESTHESIA	853 191	193	18,400.00	95.34	.001	96.34	.06
PERIODONTICS	1,778	1,838	258,154.00	140.45	.006	145.19	.88
ENDODONTICS	2,038	3,395	487,668.40	143.64	.012	239.29	1.66
	10,026			63.11	.101	185.68	6.34
RESTORATIVE DENTISTRY		29,498	1,861,641.45				
PROSTHETICS	173	187	5,215.00	27.89	.001	30.14	.02
DENTURES, STAYPLATES	2,570	7,007	808,566.43	115.39	.024	314.62	2.76
SPACE MAINTAINERS	116	140	13,062.00	93.30	.000	112.60	.04
MAXILLOFACIAL SERVICES	42	44	4,171.42	94.81	.000	99.32	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	787	936	68,832.50	73.54	.003	87.46	.23
ALL OTHER SERVICES	761	1,023	874.00	.85	.003	1.15	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE		003 THRU D		PAGE 2,010
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PUBLIC ASSI	STANCE - TOTAL				
			-		MOI	א מייינו א א מייינו	~ E

293,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	 ERAGE COST R UNIT/DAY	UNITS/DAYS PER ELIG	(COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,816	10,947	\$ 224,019.39	\$ 20.46	.037	\$	58.71	\$.76
DIAGNOSTIC AND ANC. PROCED	1,434	1,456	66,137.90	45.42	.005		46.12	.23
EYE APPLIANCES	2,894	8,848	144,839.16	16.37	.030		50.05	.49
OTHER OPTOMETRIC SERVICES	392	643	13,042.33	20.28	.002		33.27	.04
@CHIROPRACTOR	149	283	\$ 4,394.02	\$ 15.53	.001	\$	29.49	\$.01
VISITS	133	246	4,098.24	16.66	.001		30.81	.01
OTHER SERVICES	16	37	295.78	7.99	.000		18.49	.00
@PODIATRIST	2,589	4,145	\$ 68,032.40	\$ 16.41	.014	\$	26.28	\$.23
MEDICINE/INJECTIONS	904	1,084	27,478.20	25.35	.004		30.40	.09
SURGERY/ANES.	284	315	5,797.85	18.41	.001		20.41	.02
RADIO./PATHOLOGY	51	70	1,243.02	17.76	.000		24.37	.00
OTHER	1,538	2,676	33,513.33	12.52	.009		21.79	.11
@HOME HEALTH AGENCY	609	34,345	\$ 1,136,960.94	\$ 33.10	.117	\$	1866.93	\$ 3.87
NURSE ANESTHESIST	22	114	\$ 2,658.68	\$ 23.32	.000	\$	120.85	\$.01

	_										
NURSE MIDWIFE	6	21	Ş	2,906.97	\$	138.43	.000	Ş	484.50	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	38	21 0 73 154,726	\$ \$ \$	1,375.49	Ś	18.84	.000	\$		\$.00
@TOTAL HOSPITAL	26 057	154 726	\$			213.60			1268.34		112.61
SIOTAL HODITIAL TOTAL	4 202	29,780	٧	29,986,248.42	Y	1006.93	.101	Y	6843.05	Y	102.17
HOSP INPAILENT TOTAL	4,302	29,760									
FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	2,184	15,041 6,356		18,923,855.94		1258.15	.051		8664.77		64.48
NON-HSC HOSPITAL TOTAL	1,041	6,356		9,791,688.71		1540.54	.022		9406.04		33.36
ACCOMMODATIONS	1,039	6,356		3,126,663.95		491.92	.022		3009.30		10.65
ADMINISTRATIVE DAYS	244	6,356 2,023		446,587.77		220.76	.007		1830.28		1.52
TRANSITIONAL TO CARE		_,		.00		.00	.000		.00		.00
ALL OTHER ACCOM	920	4,333		2,680,076.18		220.76 .00 618.53	.015		3268.39		9.13
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	020			2,000,070.10		010.55					
ANCILLARIES	1,035	Ü		6,665,024.76		.00	.000		6439.64		22.71
INPATIENT CROSSOVERS	1,287	8,383		1,270,703.77		151.58	.029		987.34		4.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22,782	124,946		3,062,877.15		24.51	.426		134.44		10.44
MEDICAL	4.120	6.383		256.547.54		40.19	.022		62.27		.87
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	1 214	1 444		3,062,877.15 256,547.54 67,361.31 363,504.65 458,390.50 566,408.52 1,350,664.63 4,828,768.87	4	46.65	.005		55.49		.23
DARRIOLOGIA	1,214	25 625		262 504 65		10.00					
PATHOLOGY	6,096	35,035		303,504.05		10.20	.121		59.63		1.24
RADIOLOGY	4,403	6,921		458,390.50		66.23	.024		104.11		1.56
ROOM USE	10,942	15,429		566,408.52		36.71	.053		51.76		1.93
CROSSOVERS/ALL OTH OUTPTNT	13,823	15,429 59,134 9,921 5,903		1,350,664.63		36.71 22.84	.201		97.71		4.60
@COUNTY HOSPITAL TOTAL	1.675	9.921	Ś	4.828.768.87	Ś	486.72	.034	Ġ	2882.85	Ś	16.45
CO HOSPITAL INDATIENT TOTAL	870	5 903	т	4,713,933.46	т.	700 57	.020	т.	5418.31	т.	16.06
HCC HOCHTAIC	605	2 001		4,348,095.74		1114 61	.013		6347.59		14.82
NOT HER HORDING HOME	005	3,901		4,346,095.74		1114.01	.013				
NON-HSC HOSPITALS TOTAL	30	510		226,760.92		444.63	.002		7558.70		.77
ACCOMMODATIONS	30	510		118,433.95		232.22	.002		3947.80		.40
ADMINISTRATIVE DAYS	28	499		118,433.95 114,194.34		228.85	.002		4078.37		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	11		.00 4,239.61		1114.61 444.63 232.22 228.85 .00 385.42	.000		2119.81		.01
ANCTLLARTES	3.0	0		108 326 97		.00	.000		3610.90		.37
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	170	3,903 3,901 510 510 499 0 11 0		108,326.97 139,076.80		385.42 .00 93.22 .00 28.58 37.44 37.12 13.25 98.12 40.21 21.67			818.10		.47
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	1/0	1,492		139,076.80		93.22	.005				
ALL OTHER INPATIENT	0	U		.00 114,835.41		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	823	4,018		114,835.41		28.58	.014		139.53		.39
MEDICAL	245	358		13,404.54		37.44	.001		54.71		.05
SURGERY	118	158		5,864.74		37.12	.001		49.70		.02
PATHOLOGY	292	1.367		18,118.95		13.25	.005		62.05		.06
RADIOLOGY	138	358 158 1,367 233		22,861.39		13.25 98.12	.001		165.66		.08
ROOM USE	497	721		28,993.37		40.21	.002		58.34		.10
				20,993.37		21 67	.002		70.89		.09
CROSSOVERS/ALL OTH OUTPTNT		1,181									
		ES AND EXPENDITUR	ES MC	DNTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU I	DEC	2003	PA	GE 2,011
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PUBLIC A	ASSIS	STANCE - TOTAL							
							MC			GE -	
293,486 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S (COST PER	C	OST PER
		OR DAYS OF CARE				R UNIT/DAY			USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	24,687 3,569	144,805	\$	28,220,356.70		194.89			1143.13		
COMM HOSP INPATIENT TOTAL	2 560	23,877	٧	25,272,314.96	Y	1058.44	.081	Y	7081.06	Y	86.11
COMM HOSP INPALLENT TOTAL	1,509			23,272,314.90		1000.44					49.66
HSC HOSPITALS		11,140		14,575,760.20		1308.42	.038		9520.42		
NON-HSC HOSPITALS TOTAL	1,013	5,846		9,564,927.79		1636.15	.020		9442.18		32.59
ACCOMMODATIONS	1,011	5,846		3,008,230.00		514.58	.020		2975.50		10.25
ADMINISTRATIVE DAYS	217	1,524		332,393.43		218.11	.005		1531.77		1.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	818	4,322		2,675,836.57		619.12	.015		3271.19		9.12
ANCILLARIES	1,007	0		6,556,697.79		.00	.000		6511.12		22.34
INPATIENT CROSSOVERS	1,117	6,891		1,131,626.97		164.22	.023		1013.09		3.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22,106	120,928		2,948,041.74		24.38	.412		133.36		10.04
MEDICAL	3,895	6,025		243,143.00		40.36	.021		62.42		.83
SURGERY	1,099	1,286		61,496.57		47.82	.004		55.96		.21
PATHOLOGY	5,828	34,268		345,385.70		10.08	.117		59.26		1.18
	-,	,		,							

RADIOLOGY	4,276	6,688		435,529.11		65.12	.023		101.85		1.48
ROOM USE	10,523	14,708		537,415.15		36.54	.050		51.07		1.83
CROSSOVERS/ALL OTH OUTPTNT		57,953		1,325,072.21		22.86	.197		98.20		4.51
@STATE HOSPITAL	12	435	\$		\$			Ġ	20903.90	Ċ	.85
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
MENTALLY ILL											
DEVELOP. DISABLED	12	435		250,846.82		576.66	.001		20903.90		.85
@NURSING FACILITY	3,898	103,259	\$	15,561,182.84	\$			\$	3992.09	\$	53.02
LEV A-INTERMEDIATE	19	828		67,831.78		81.92	.003		3570.09		.23
LEV B-REHAB MD	80	2,667		351,318.98		131.73	.009		4391.49		1.20
LEV B-SUBACUTE FREESTANDING	30	898		520,968.79		580.14	.003		17365.63		1.78
LEV B-SUBACUTE HSPTL BASED	F 0	1,875		924,550.53		493.09	.006		15670.35		3.15
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	3,713 816	96,991							3688.80		
LEV B-REGULAR	3,/13			13,696,512.76	4	141.21	.330			4	46.67
@INTERMEDIATE CARE FACILDD	816	26,019	\$	4,251,383.83	Ş	163.40		Ş	5210.03	Ş	14.49
ICF DDH	461	15,095		2,228,277.54		147.62	.051		4833.57		7.59
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	355	10,924		2,023,106.29		185.20	.037		5698.89		6.89
@HEMODIALYSIS TOTAL	2,292	39,806	\$	2,286,272.55	\$	57.44	.136	\$	997.50	Ś	7.79
HOSPITAL BASED	, 6	99	•	38,699.10	•	390.90	.000		6449.85	•	.13
HEMODIALYSIS CENTER	2,286	39,707		2,247,573.45		56.60	.135		983.19		7.66
@REHABILITATION FACILITY	515	7,814	\$	105,854.04	\$	13.55	.027	ċ,	205.54	ċ,	.36
	212	•	Ą		Ą			Ą		Ą	
HOSPITAL BASED	219	739		22,578.25		30.55	.003		103.10		.08
INDEPENDENT FACILITY	296 4,509	7,075		83,275.79		11.77	.024		281.34		.28
@LABORATORY FACILITY	4,509	22,567	\$	276,668.40	\$	12.26	.077	\$	61.36	\$.94
PATHOLOGY	4,391	22,356		274,786.91		12.29	.076		62.58		.94
XO AND OTHERS	121	211		1,881.49		8.92	.001		15.55		.01
@ORGANIZED OUTPATIENT CLINIC	69,328	113,336	\$	23,904,432.01	\$	210.92	.386	Ġ	344.80	Ġ	81.45
CLINIC	1,717	6,511	-T	191,522.19	-	29.42	.022	т	111.54	-	.65
SURGICENTER	124	233		21,137.94		90.72	.001		170.47		.07
HEROIN DETOX CLINIC	75	854		9,704.93		11.36	.003		129.40		.03
RURAL HEALTH CLINIC											80.69
				22 602 066 05							
	67,790	105,738	DEC M	23,682,066.95		223.97	.360	DEC	349.34	ъ.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	23,682,066.95 ONTH-OF-PAYMENT RI	EPORT			DEC		P	AGE 2,012
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		ONTH-OF-PAYMENT RI	EPORT			DEC		Pi	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		ONTH-OF-PAYMENT RI	EPORT		2003 THRU		2003		AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC	ASSI	ONTH-OF-PAYMENT RI STANCE - TOTAL		r FOR JAN	2003 THRU	TNOI	2 2003 THLY AVERA	.GE ·	AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	ASSI E	ONTH-OF-PAYMENT RI	AVI	r for jan Erage cost	2003 THRU M UNITS/DAY	IONT	2003 CHLY AVERA COST PER	.GE ·	AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC	ASSI E	ONTH-OF-PAYMENT RI STANCE - TOTAL	AVI	r for jan Erage cost	2003 THRU	IONT	2 2003 THLY AVERA	.GE -	AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41.901	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	ASSI E E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES	AVI PEI	r for jan Erage cost	2003 THRU M UNITS/DAY PER ELIG	IONT S	2003 CHLY AVERA COST PER USER	.GE - (AGE 2,012 01/29/04 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41.901	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256	ASSI E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80	AVI PEI \$	FOR JAN ERAGE COST UNIT/DAY 1.15	2003 THRU M UNITS/DAY PER ELIG 27.358	IONT S	2 2003 CHLY AVERA COST PER USER 220.73	.GE - (AGE 2,012 01/29/04 COST PER ELIGIBLE 31.51
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41.901	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380	ASSI E E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86	AVI PEI	FOR JAN ERAGE COST UNIT/DAY 1.15 112.47	2003 THRU M UNITS/DAY PER ELIG 27.358 .046	IONT S	HLY AVERA COST PER USER 220.73 595.27	.GE - (AGE 2,012 01/29/04 COST PER ELIGIBLE 31.51 5.13
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41.901	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792	ASSI E E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003	IONT S	2 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00	.GE - (AGE 2,012 01/29/04 COST PER ELIGIBLE 31.51 5.13 .01
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288	ASSI E E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94	AVI PEI \$	FOR JAN ERAGE COST C UNIT/DAY 1.15 112.47 3.00 393.80	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001	IONT S	2 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6.326	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534	ASSI E E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731	IONT S	2 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004	ASSI E E	DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776 1,605	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474	ASSI E E	DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147	CES AND EXPENDITUE DEPORTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056	ASSI E E	DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907	CES AND EXPENDITUE DESTRUCTION OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373	ASSI E E	DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147	CES AND EXPENDITUE DEPORTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056	ASSI E E	DNTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907	CES AND EXPENDITUE DESTRUCTION OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.48 101.64 811.45	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 881.45 18.04 27.86	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74 8.94	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 881.45 18.04 27.86 25.70	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74 8.94 9.64	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .001	IONT S	E 2003 CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84 304.90	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715	CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 11.74 8.94 9.64 92.60 93.36	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715 52	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448 71	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82 4,702.49	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74 8.94 9.64 92.60 93.36 66.23	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009 .008	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65 90.43	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715 52 214	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448 71	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82 4,702.49 13,909.60	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009 .008	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65 90.43 65.00	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715 52 214 1,501	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448 71	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82 4,702.49	AVI PEI \$	ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74 8.94 9.64 92.60 93.36 66.23	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009 .008	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.45 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65 90.43 65.00 178.95	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715 52 214	EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448 71	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82 4,702.49 13,909.60	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009 .008 .009 .008	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.87 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65 90.43 65.00	.GE - (AGE 2,012 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 293,486 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 41,901 2,528 3 212 6,326 4,776 1,605 147 907 1,817 158 1,233 2 7,048 8 147 765 715 52 214 1,501	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 8,029,256 13,380 792 288 214,534 45,004 168,474 1,056 3,373 23,089 160 16,284 2 16,723 23 272 2,519 2,448 71 584 4,438	ASSI E E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 9,248,814.80 1,504,838.86 2,376.00 113,413.94 1,397,489.87 678,044.01 678,067.71 41,378.15 59,369.21 1,602,351.45 16,059.50 1,000,512.80 36.08 196,330.63 205.59 2,622.05 233,252.31 228,549.82 4,702.49 13,909.60 268,600.11	AVI PEI \$	FOR JAN ERAGE COST R UNIT/DAY 1.15 112.47 3.00 393.80 6.51 15.07 4.02 39.18 17.60 69.40 100.37 61.44 18.04 11.74 8.94 9.64 92.60 93.36 66.23 23.82 60.52	2003 THRU M UNITS/DAY PER ELIG 27.358 .046 .003 .001 .731 .153 .574 .004 .011 .079 .001 .055 .000 .057 .000 .057 .000 .001 .009 .009 .001	IONT S	CHLY AVERA COST PER USER 220.73 595.27 792.00 534.97 220.91 141.97 422.47 281.48 65.46 881.45 101.64 811.45 18.04 27.86 25.70 17.84 304.90 319.65 90.43 65.00 178.95	.GE - (AGE 2,012 01/29/04

LOCAL EDUCATION AGENCIES	9,979	107,986	955,011.64	8.84	.368	95.70	3.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,227	7,621,792	1,437,883.15	.19	25.970	117.60	4.90
@CALIF. CHILDREN SERVICES*	4,512	128,915	\$ 9,164,424.44	\$ 71.09	.439	\$ 2031.12	\$ 31.23
@XOVER EXCLUDING STATE HOSP**	30,680	364,321	\$ 5,481,020.97	\$ 15.04	1.241	\$ 178.65	\$ 18.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,013
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MN - NO SOC -	- AGED AID	CODE 14 1H 1U	1X		
					MON	THLY AVERA	GE
34,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20,553 3,994	422,418 \$	10,981,592.92	\$ 26.00	12.310 \$	534.31	\$ 320.03
@PHYSICIANS SERVICES	3,994	15,299 \$	476,630.37	\$ 31.15	.446 \$	119.34	\$ 13.89
OUTPATIENT VISITS	1,686	2,285	89,613.45	39.22	.067	53.15	2.61
OFFICE VISITS	1,365	1,849	89,613.45 62,780.00	39.22 33.95	.054	45.99	
HOME VISITS	4	5	258.00	51.60 68.16	.000	64.50	.01
OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	320	369	25,150.69	39.22 33.95 51.60 68.16	.011	78.60	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	51	62	1,424.76	22.98 45.49 43.59 119.70 36.15	.002	27.94	.04
INPATIENT VISITS	240	1,172	53,320.00	45.49	.034	222.17	
HOSPITAL VISITS	213	1,102	48,032.35	43.59	.032	225.50	1.40
	16	33	3,950.10	119.70	.001	246.88	.12
SNF/ICF/TRANS IP CARE	30	37	1,337.55	36.15	.001	44.59	.04
OPHTHALMOLOGICAL SERVICES	154	215	9,253.83	43.04	.006	60.09	.27
EXAMINATIONS	154	215	9,253.83	43.04	.006	60.09	.27
SERVICES AND MATERIALS	0	15,299 \$ 2,285 1,849 5 369 0 0 62 1,172 1,102 33 37 215 215 0 706	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	133	706	74.192.62	105.09	.021	557.84	2.16
PRINCIPAL SURGEON	84	118	52,651.78	446.20 270.12	.003	626.81	1.53
ASSISTANT SURGEON	28	31	8,373.67	270.12	.001	299.06	.24
ANESTHESIOLOGIST	48	557	13,167.17	23.64	.016	274.32	.38
OUTPATIENT SURGERY	201	490 191 1 298 91 1,765 1,224 0 715 6,636	58,959.83	23.64 120.33 268.89	.014	293.33	1.72
PRINCIPAL SURGEON	165	191	51,358.05	268.89	.006	311.26	1.50
ASSISTANT SURGEON	1	1	52.87	52.87	.000	52.87	.00
ANESTHESIOLOGIST	50	298	7,548.91	52.87 25.33 120.81 5.68	.009	150.98	.22
DIALYSIS	44	91	10,993.34	120.81	.003	249.85	.32
PATHOLOGY	362	1,765	10,024.15	5.68	.051	27.69	
RADIOLOGY	628	1,224	39,725.30	32.46	.036	63.26	1.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	715 6,636 101,244 \$	19,177.38 111,370.47	26.82	.021	426.16	.56
OTHER SERVICES/ALL X-OVERS	2,037		111,370.47	16.78	.193	54.67	3.25
@PHARMACY	15,195	101,244 \$	3,306,816.07	\$ 32.66	2.951 \$		
PRESCRIPTION DRUGS	14,962 650	101,244 \$ 50,644 3,770	3,218,155.69	63.54	1.476	215.09	93.79
SNF/ICF	650	3,770	198,896.22	52.76	.110	305.99	5.80
OUTPATIENTS	14,369	46,874 50,600	3,019,259.47	64.41 1.75	1.366	210.12	87.99
MEDICAL SUPPLIES	1,127	50,600	88,660.38	1.75	1.475	78.67	2.58
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY	1,293	6,309 \$	314,432.35	\$ 49.84	.184 \$		•
VISITS - DIAGNOSTIC	809	3,523	42,174.50	11.97	.103	52.13	1.23
ORAL SURGERY	203	680	32,179.25	47.32	.020	158.52	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	117	123	18,092.00	147.09	.004	154.63	.53
ENDODONTICS	59	84	19,465.00	231.73	.002	329.92	.57
RESTORATIVE DENTISTRY	323	1,017	84,647.00	83.23	.030	262.07	2.47
PROSTHETICS	6	6	160.00	26.67	.000	26.67	.00

DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	311	808		117,514.60 .00		145.44	.024		377.86		3.42
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	37	66		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MON	NTH-OF-PAYMENT R	EPOR'	FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 2,014
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE/	DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - NO	SOC -	- AGED AID	CODI	E 14 1H 1U	1X				
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER WOOD INPATIENT TOTAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	110770						M	ONT	HLY AVERA	GE	
34,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	4.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	518	1,594	Ş	33,709.40	\$	21.15	.046	Ş	65.08	Ş	.98
DIAGNOSTIC AND ANC. PROCED	222	233		10,266.23		44.06	.007		46.24		.30
EYE APPLIANCES	389	1,267		20,701.49		16.34	.037		46.24 53.22 41.54		.60
OTHER OPTOMETRIC SERVICES	66	94		2,741.68		29.17	.003		41.54		.08
@CHIROPRACTOR	0	UNITS OF SERVICE OR DAYS OF CARE 1,594 233 1,267 94 0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	_	.00		.00	.000		.00 19.53		.00
@PODIATRIST	215	305	Ş	4,199.74	\$	13.77	.009	Ş	19.53	Ş	.12
MEDICINE/INJECTIONS	30	35		1,174.00		33.54	.001		39.13		.03
SURGERY/ANES.	Ţ	1		17.00		17.00	.000		17.00		.00
RADIO./PATHOLOGY	3	6		114.16		19.03	.000		38.05		.00
OTHER	187	263	_	2,894.58		11.01	.008		15.48		.08
@HOME HEALTH AGENCY	24	158	Ş	10,322.11	Ş	65.33	.005		430.09	Ş	.30
NURSE ANESTHESIST	0	U	Ş	.00	Ş	.00	.000		.00	Ş	
NURSE MIDWIFE	0	U	Ş	.00	Ş	.00	.000		.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		.00		
FAMILY NURSE PRACTITIONER	3	10	Ş	69.69	Ş	6.97	.000		23.23		
@TOTAL HOSPITAL	1,821	9,858	\$	1,8/2,102.85	\$	189.91		Ş	1028.06	Ş	
HOSP INPATIENT TOTAL	340	1,870		1,6/3,640.10		894.99	.054		4922.47		48.77
HSC HOSPITALS	154	800		889,561.64		1111.95	.023		5776.37		25.92
NON-HSC HOSPITAL TOTAL	73	412		0/8,480.54		1040.81	.012		9294.34		19.77 5.72
ACCOMMODATIONS	13	412 107		196,197.45		4/0.21	.012		2687.64		.85
ADMINISTRATIVE DATS	12	127		29,210.21		230.00	.004		2434.85		0.0
TRANSTITUNAL IP CARE	63	205		166 070 24		.00	.000		2650.46 6698.46 872.66		4 07
ALL OTHER ACCOM	03	285		100,979.24		585.89	.008		2050.40		4.87
ANCILLARIES	/ Z 1 2 1	650		105 501 02		160 47	.019		872.66		2 00
NII OTUED INDATIENT	121	058		105,591.92		100.47			0/2.00		.00
UOCD OTTEDATTENT TOTAL	1 5/1	7 988		100 162 75		24 85	.000		128 79		5.78
MEDICAL	264	412		16 263 56		39 47	012		.00 128.79 61.60		.47
CIIDCEDV	204	100		6 402 20		64 02	003		61.60 76.22		.19
PATHOLOGY	445	2 510		24 983 64		9 95	073		56 14		.73
RADIOLOGY	387	637		49 006 12		.00 24.85 39.47 64.02 9.95 76.93 39.17 21.32 573.51 882.74	019		56.14 126.63		1.43
ROOM USE	402	533		20 878 43		39 17	016		51.94		.61
CROSSOVERS/ALL OTH OUTPTNT	927	3.796		80.928.80		21.32	.111		87.30		2.36
@COUNTY HOSPITAL TOTAL	168	918	\$	526.482.89	\$	573.51	.027	Ġ	3133.83	Ġ	15.34
CO HOSPITAL INPATIENT TOTAL	95	581	т	512,874.03	4	882.74	.017	-			
HSC HOSPITALS	84	435		482,003.67		1108.05	.013		5738.14		14.05
NON-HSC HOSPITALS TOTAL	2	29		23,667.57		816.12	.001		11833.79		.69
ACCOMMODATIONS	2	29		6,550.81		225.89	.001		3275.41		.19
ADMINISTRATIVE DAYS	2	29		6,550.81		225.89	.001		3275.41		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		17,116.76		.00	.000		8558.38		.50
INPATIENT CROSSOVERS	10	117		7,202.79		61.56	.003		720.28		.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	76	337		13,608.86		40.38	.010		179.06		.40
MEDICAL	25	33		1,470.91		44.57	.001		58.84		.04

SURGERY	12	19	1,158.90	60.99	.001	96.58	.03
PATHOLOGY	29	147	2,601.26	17.70	.004	89.70	.08
RADIOLOGY	17	27	4,259.58	157.76	.001	250.56	.12
ROOM USE	44	58	2,519.77	43.44	.002	57.27	.07
CROSSOVERS/ALL OTH OUTPTNT	26	53	1,598.44	30.16	.002	61.48	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,015
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - NO SOC -	- AGED AID	CODE 14 1H 1U	1X		
					MON	THLY AVERA	GE
34,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
34,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG		-
34,314 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 1,670		EXPENDITURES 1,345,619.96			COST PER USER	COST PER
- ,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,670	OR DAYS OF CARE 8,940 \$	1,345,619.96	PER UNIT/DAY \$ 150.52	PER ELIG .261 \$	COST PER USER 805.76	COST PER ELIGIBLE \$ 39.21
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	1,670 249	OR DAYS OF CARE 8,940 \$ 1,289	1,345,619.96 1,160,766.07	PER UNIT/DAY \$ 150.52 900.52	PER ELIG .261 \$	COST PER USER 805.76 4661.71	COST PER ELIGIBLE \$ 39.21 33.83

ADMINISTRATIVE DAYS	10	98		22,667.40		231.30	.003	2266.74		.66
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	63	285		166,979.24		585.89	.008	2650.46		4.87
ALL OTHER ACCOM	0.5									
ANCILLARIES	70	0		465,172.33		.00	.000	6645.32		13.56
INPATIENT CROSSOVERS	111	541		98,389.13		181.87	.016	886.39		2.87
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOOD OURDARTENE HORAT	1 470					24.16				5.39
COMM HOSP OUTPATIENT TOTAL	1,4/2	7,651		184,853.89			.223	125.58		
MEDICAL	239	379		14,792.65		39.03	.011	61.89		.43
SURGERY	72	81		5,243.30		64.73	.002	72.82		.15
PATHOLOGY	416	2,363		22,382.38		9.47	.069	53.80		.65
				44 746 54						
RADIOLOGY	371	610		44,746.54		73.35	.018	120.61		1.30
ROOM USE	359	475		18,358.66		38.65	.014	51.14		.54
CROSSOVERS/ALL OTH OUTPTNT	902	3,743		79,330.36		21.19	.109	87.95		2.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		بخ	.00
WSIAIE HOSPIIAL	0		Ą		Ą				Ą	
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	627	16,538	\$	2,331,201.70	\$	140.96	.482	\$ 3718.03	Ś	67.94
TEV A TAMEDMEDIAME	4		٧		Υ				~	
LEV A-INTERMEDIATE	4	92		6,176.23		67.13	.003	1544.06		.18
LEV B-REHAB MD	1	31		4,240.80		136.80	.001	4240.80		.12
LEV B-SUBACUTE FREESTANDING	0	0		901.85C	R	.00	.000	.00		.03CR
LEV B-SUBACUTE HSPTL BASED	3	62		34,792.03		561.16	.002	11597.34		1.01
	2	02		•						
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0 619 0	31 0 62 0 16,353		2,286,894.49		139.85	.477	3694.50		66.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
TOE DOU	0	0	Ψ	.00	τ	.00	.000	.00	~	.00
ICF DDH	U	U								
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALVSIS TOTAL	145	2,729	\$	150,266.79	\$	55.06	.080	\$ 1036.32	Ś	4.38
GILINODINAL DAGED	113	2,725	٧		٧			.00	Y	.00
HOSPITAL BASED	0	0		.00		.00	.000			
HEMODIALYSIS CENTER	145	2,729		150,266.79		55.06	.080	1036.32		4.38
@REHABILITATION FACILITY	1	1	Ś	48.36	\$	48.36	.000	\$ 48.36	Ś	.00
HUGDIANI BYCED	1	_ 1	т	48.36	-T	48.36	.000	48.36	- T	.00
INDEDENDENE ENGLITER	1	1 0 2,366								
INDEPENDENT FACILITY	Ü	Ü		.00		.00	.000	.00		.00
@LABORATORY FACILITY	503	2,366	\$	28,285.93	\$	11.96	.069	\$ 56.23	\$.82
PATHOLOGY	487	2,343		28,051.59		11.97	.068	57.60		.82
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	16	23		234.34		10.19	.001	14.65		.01
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	10									
@ORGANIZED OUTPATTENT CLINIC		8,846	\$		\$	228.91	.258		Ş	59.01
CLINIC	86	309		10,922.43		35.35	.009	127.01		.32
SURGICENTER	35	125		10,097.74		80.78	.004	288.51		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	5,140	8,412		2,003,877.39		238.22	.245	389.86		58.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU I	DEC 2003	P.	AGE 2,016
MOP024	FEE-FOR-SERVICE	!/DENTAL								01/29/04
CONTRA COSTA COUNT		VICES FOR MN - NO	COG	YCED YTD	CODE	14 1H 1U	1 v			01/25/01
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIN - NO	SUC	- AGED AID	CODE	14 IH IU			. ~-	
							M(ONTHLY AVER		
34,314 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	!				PER ELIG	USER		ELIGIBLE
ANT OFFIED DEOLITEED	1,954	257,161	\$	420 610 00		1.67	7.494			12.49
@ALL OTHER PROVIDERS			Ş	428,610.00	\$				Ş	
DURABLE MED. EQUIP.	89	266		26,915.12		101.18	.008	302.42		.78
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	35	46		24,868.09		540.61	.001	710.52		.72
MEDICAL TRANSPORTATION	274	6,756		45,196.41		6.69	.197	164.95		1.32
AMBULANCES/AIR TRANS	146	1,236		17,764.52		14.37	.036	121.67		.52
OTHER TRANS	123	5,447		25,261.58		4.64	.159	205.38		.74
OTHER SERVICES	14	73		2,170.31		29.73	.002	155.02		.06
ACUPUNCTURE	65	292		5,136.21		17.59	.009	79.02		.15
ADULT DAY HEALTH CARE CTR	139	1,780		123,603.05		69.44	.052	889.23		3.60
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	36	289		25,001.40		86.51	.008	694.48		.73
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00

OPTICIAN	659	1,627	19,852.05	12.20	.047	30.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	565.43	11.09	.001	23.56	.02
PROSTHETIST/ORTHOTISTS	37	80	3,352.40	41.91	.002	90.61	.10
PROSTHETICS	34	77	3,030.02	39.35	.002	89.12	.09
ORTHOTICS	3	3	322.38	107.46	.000	107.46	.01
PSYCHOLOGIST	4	6	103.72	17.29	.000	25.93	.00
SPEECH AND AUDIOLOGY	96	227	32,517.32	143.25	.007	338.72	.95
HOSPICE SERVICES	25	513	75,144.53	146.48	.015	3005.78	2.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	100	315.97	3.16	.003	105.32	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	567	245,128	46,038.30	.19	7.144	81.20	1.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,780	16,091	\$ 452,057.69	\$ 28.09	.469	\$ 162.61	\$ 13.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,017 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

## CTOTAL, ALL PROVIDERS	CONTRA COSTA COUNT	SUMMARI OF SER	ON - NIM AOA GADIV.	50C	– סתוחם	AID CODE			
## CTOTAL, ALL PROVIDERS							MON	ITHLY AVERA	GE
### STATE	142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
### SERVICES 36			OR DAYS OF CARE				PER ELIG		ELIGIBLE
OUTPATIENT VISITS 13 20 1,062,36 53.12 141 81.72 7.44 OFFICE VISITS 7 12 443.87 36.99 .085 63.41 3.11 HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 6 8 8 618.49 77.31 .056 103.08 4.34 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@TOTAL, ALL PROVIDERS	121	6,649	\$					
OFFICE VISITS 7 12 443.87 36.99 .085 63.41 3.1. HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 6 8 618.49 77.31 .056 103.08 4.36 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT VISITS 7 20 856.19 42.81 .141 122.31 6.00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1 1 1 42.13 42.13 .007 42.13 .31 EXAMINATIONS 1 1 1 42.13 42.13 .007 42.13 .31 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 2 8 222.35 29.04 .056 116.18 1.66 PRINCIPAL SURGEON 0 1 1 58.35 58.35 .007 58.35 .44 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 7 174.00 24.86 .049 174.00 1.2 OUTPATIENT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 DIALYSIS 1 3 51 3,420.10 67.06 .359 263.08 24.05 PATHOLOGY 4 53 .97.73 1.84 .373 24.43 .66 PATHOLOGY 5 50 .00 .00 .00 .00 .00 .00 .00 .00 .0	@PHYSICIANS SERVICES		200	\$	7,024.08	\$ 35.12	1.408 \$	195.11	\$ 49.47
HOME VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	OUTPATIENT VISITS	13	20		1,062.36		.141	81.72	7.48
EMERGENCY ROOM 6	OFFICE VISITS	7	12		443.87	36.99	.085	63.41	3.13
PREVENTIVE CARE 0 0 .00 <th< td=""><td>HOME VISITS</td><td>0</td><td>0</td><td></td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></th<>	HOME VISITS	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EMERGENCY ROOM	6	8		618.49	77.31	.056	103.08	4.36
OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS 7 20 856.19 42.81 .141 122.31 6.00 HOSPITAL VISITS 7 20 856.19 42.81 .141 122.31 6.00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OB VISITS/COMPRE PERI	0	0			.00	.000	.00	.00
HOSPITAL VISITS 7 20 856.19 42.81 .141 122.31 6.00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER OUTPATIENT	0	0				.000		.00
CRITICAL CARE O O SNF/ICF/TRANS IP CARE O O OPHTHALMOLOGICAL SERVICES 1 1 1 42.13 42.13 0.07 42.13 3.3 EXAMINATIONS 1 1 1 42.13 42.13 0.07 42.13 3.3 SERVICES AND MATERIALS O O O INPATIENT INSPITAL SURGERY 2 8 22 8 23.23 5 29.04 0.56 116.18 1.6 PRINCIPAL SURGEON 1 1 1 7 174.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	INPATIENT VISITS	7	20		856.19	42.81	.141	122.31	6.03
SNF/ICF/TRANS IP CARE 0	HOSPITAL VISITS	7	20		856.19	42.81	.141	122.31	6.03
OPHTHALMOLOGICAL SERVICES 1 1 1 42.13 42.13 .007 42.13 .30 EXAMINATIONS 1 1 1 42.13 42.13 .007 42.13 .30 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CRITICAL CARE	0	0		.00	.00	.000	.00	.00
EXAMINATIONS 1 1 1 42.13 42.13 .007 42.13 .30 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 2 8 232.35 29.04 .056 116.18 1.66 PRINCIPAL SURGEON 1 1 58.35 58.35 .007 58.35 .41 ASSISTANT SURGEON 0 0 .00 </td <td>OPHTHALMOLOGICAL SERVICES</td> <td>1</td> <td>1</td> <td></td> <td>42.13</td> <td>42.13</td> <td>.007</td> <td>42.13</td> <td>.30</td>	OPHTHALMOLOGICAL SERVICES	1	1		42.13	42.13	.007	42.13	.30
INPATIENT HOSPITAL SURGERY 2 8 232.35 29.04 .056 116.18 1.64	EXAMINATIONS	1	1				.007		.30
PRINCIPAL SURGEON 1 1 58.35 58.35 .007 58.35 .47 ASSISTANT SURGEON 0 0 .00	SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 7 174.00 24.86 .049 174.00 1.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT HOSPITAL SURGERY	2	8		232.35		.056		1.64
ANESTHESIOLOGIST 1 7 174.00 24.86 .049 174.00 1.25 OUTPATIENT SURGERY 2 2 104.49 52.25 .014 52.25 .74 PRINCIPAL SURGEON 2 2 104.49 52.25 .014 52.25 .74 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 DIALYSIS 13 51 3,420.10 67.06 .359 263.08 24.05 PATHOLOGY 4 53 97.73 1.84 .373 24.43 .65 RADIOLOGY 8 16 426.66 26.67 .113 53.33 3.00 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.55	PRINCIPAL SURGEON	1	1						.41
OUTPATIENT SURGERY 2 2 104.49 52.25 .014 52.25 .74 PRINCIPAL SURGEON 2 2 104.49 52.25 .014 52.25 .74 ASSISTANT SURGEON 0 0 .00 <td>ASSISTANT SURGEON</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>.00</td> <td>.00</td>	ASSISTANT SURGEON	0	0					.00	.00
PRINCIPAL SURGEON 2 2 104.49 52.25 .014 52.25 .74 ASSISTANT SURGEON 0 0 .0	ANESTHESIOLOGIST	1	7						1.23
ASSISTANT SURGEON 0 0 0.00 .00 .000 .000 .000 .000 ANESTHESIOLOGIST 0 0 0 .000 .000 .000 .000 .000 DIALYSIS 13 51 3,420.10 67.06 .359 263.08 24.09 PATHOLOGY 4 53 97.73 1.84 .373 24.43 .69 RADIOLOGY 8 16 426.66 26.67 .113 53.33 3.00 PSYCHIATRY 0 0 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.55	OUTPATIENT SURGERY	2	2		104.49	52.25	.014	52.25	.74
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	2	2		104.49	52.25	.014	52.25	.74
DIALYSIS 13 51 3,420.10 67.06 .359 263.08 24.09 PATHOLOGY 4 53 97.73 1.84 .373 24.43 .69 RADIOLOGY 8 16 426.66 26.67 .113 53.33 3.00 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.55	ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
PATHOLOGY 4 53 97.73 1.84 .373 24.43 .69 RADIOLOGY 8 16 426.66 26.67 .113 53.33 3.00 PSYCHIATRY 0 0 .00	ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
RADIOLOGY 8 16 426.66 26.67 .113 53.33 3.00 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.55	DIALYSIS	13			3,420.10	67.06	.359	263.08	24.09
PSYCHIATRY 0 0 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00	PATHOLOGY	4							.69
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.53	RADIOLOGY	8	16		426.66	26.67		53.33	3.00
OTHER SERVICES/ALL X-OVERS 18 29 782.07 26.97 .204 43.45 5.53	PSYCHIATRY	0	0					.00	.00
	IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
	OTHER SERVICES/ALL X-OVERS		29		782.07	26.97	.204	43.45	5.51
@PHARMACY 75 914 \$ 23,749.96 \$ 25.98 6.437 \$ 316.67 \$ 167.29	@PHARMACY	75	914	\$	23,749.96	\$ 25.98	6.437 \$	316.67	\$ 167.25
PRESCRIPTION DRUGS 73 256 21,554.90 84.20 1.803 295.27 151.80	PRESCRIPTION DRUGS	73	256		21,554.90	84.20	1.803	295.27	151.80
SNF/ICF 0 0 .00 .00 .00 .00 .00 .00	SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS 73 256 21,554.90 84.20 1.803 295.27 151.80	OUTPATIENTS	73	256		21,554.90	84.20	1.803	295.27	151.80

MEDICAL SUPPLIES	21	658	2,195.06	3.34	4.634	104.53	15.46
@DENTIST	7	31 \$	1,766.00	\$ 56.97	.218 \$	252.29	\$ 12.44
VISITS - DIAGNOSTIC	4	21	203.00	9.67	.148	50.75	1.43
ORAL SURGERY	1	4	159.00	39.75	.028	159.00	1.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.007	39.00	.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5	1,365.00	273.00	.035	455.00	9.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 2,018
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	OR MN - NO SC	OC - BLIND	AID CODE	E 24		
					MONT	HIY AVERA	TE

							MO	TNC	HLY AVERA	GE	
142 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE	:		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$.87	\$.44	.014	\$.87	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		.87		.44	.014		.87		.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	69	\$	17,469.23	\$	253.18	.486	\$	1164.62	\$	123.02
HOSP INPATIENT TOTAL	6	21		15,930.00		758.57	.148		2655.00		112.18
HSC HOSPITALS	4	12		14,250.00		1187.50	.085		3562.50		100.35
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	9		1,680.00		186.67	.063		840.00		11.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	48		1,539.23		32.07	.338		153.92		10.84
MEDICAL	6	7		276.66		39.52	.049		46.11		1.95
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		164.93		11.00	.106		54.98		1.16
RADIOLOGY	4	8		563.31		70.41	.056		140.83		3.97
ROOM USE	8	10		357.16		35.72	.070		44.65		2.52
CROSSOVERS/ALL OTH OUTPTNT	3	8		177.17		22.15	.056		59.06		1.25
@COUNTY HOSPITAL TOTAL	2	7	\$	278.58	\$	39.80	.049	\$	139.29	\$	1.96
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

					0.0	•	2.0	0.00		0.0		0.0
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00	0	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	0	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	0	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2		7		278.58	8	39.80	.049	1	39.29 69.23		1.96
MEDICAL	2		3		138.46	6	46.15	.021		69.23		.98
SURGERY	0		0		.00	0	.00	.000		.00		.00
PATHOLOGY	0		0		.00	0	.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		4		140.12		35.03	.028		70.06		.99
CROSSOVERS/ALL OTH OUTPTNT	0		Ō		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXE		ES MON							D	AGE 2,019
MOP024	FEE-FOR-SERVICE		. LIVDII OIC.	DD 1101	VIII OI IIIIIIIIVI	ICHI (JICI 1 OIC 01IIV 2	2005 111110 1	TC 20	03		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV		MNI - NO	g0C -	_ חודות		AID CODE	2.4				01/25/04
CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR	MIN - INO	50C -	- РПТИЛ		AID CODE	MC	ע.דעדיא	7/LD1	CF	
142 ELIGIBLES	USERS	UNITS OF	SEDVICE		EXPENDITURES	Q 7	AVERAGE COST					COST PER
142 EDIGIBLES	OSEKS	OR DAYS			EXPENDITORES		PER UNIT/DAY			SER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	OK DAIS	62	\$	17,190.65		\$ 277.27	.437	_			121.06
COMM HOSP INPATIENT TOTAL	6		21	Ą	15,930.00		758.57	.148		55.00	Ą	112.18
HSC HOSPITALS	0		12		,					62.50		100.35
	4		0		14,250.00		1187.50	.085	35			
NON-HSC HOSPITALS TOTAL	U		•		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		9		1,680.00		186.67	.063	_	40.00		11.83
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8		41		1,260.65	5	30.75	.289		57.58		8.88
MEDICAL	4		4		138.20	0	34.55	.028		34.55		.97
SURGERY	0		0		.00	0	.00	.000		.00		.00
PATHOLOGY	3		15		164.93	3	11.00	.106		54.98		1.16
RADIOLOGY	4		8		563.31	1	70.41	.056	1	40.83		3.97
ROOM USE	6		6		217.04	4	36.17	.042		36.17		1.53
CROSSOVERS/ALL OTH OUTPTNT	3		8		177.17	7	22.15	.056		59.06		1.25
@STATE HOSPITAL	0		0	\$.00	0 9	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	•	.00	0	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0		0		.00	0	.00	.000		.00		.00
@NURSING FACILITY	1		0	\$	525.00		\$.00	.000	\$ 5	25.00	Ś	3.70
LEV A-INTERMEDIATE	0		Ô	т	.00		.00	.000		.00	Ψ.	.00
LEV B-REHAB MD	n		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		n		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		0		525.00		.00	.000	_	25.00		3.70
			0	\$.00			.000		.00	۲,	.00
@INTERMEDIATE CARE FACILDD	U		U	Ą	.00		\$.00 .00	.000	Ą	.00	Ą	.00
ICF DDH	0		0									
ICF DD	U		0		.00		.00	.000		.00		.00

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

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2438.65

7.423 \$ 2438.65 \$

.690 \$ 101.96 \$

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7.18

223.26

223.26

PATHOLOGY	10	98	1,019.61	10.40	.690	101.96	7.18
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	29	50 \$	13,917.92	\$ 278.36	.352 \$	479.93	\$ 98.01
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	29	50	13,917.92	278.36	.352	479.93	98.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 2,020
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR MN - NO SOC	- BLIND	AID CODE	24		
					MON	THLY AVERA	GE
142 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	36	4,231 \$	27,043.03	\$ 6.39	29.796 \$	751.20	\$ 190.44
DURABLE MED. EQUIP.	4	10	10,969.17	1096.92	.070	2742.29	77.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	2,160		8,269.74	3.83	15.211	551.32	58.24
AMBULANCES/AIR TRANS	1	15		167.90	11.19	.106	167.90	1.18
OTHER TRANS	14	2,145		8,101.84	3.78	15.106	578.70	57.06
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	7		742.23	106.03	.049	742.23	5.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		1,037.56	518.78	.014	1037.56	7.31
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	273		1,872.54	6.86	1.923	208.06	13.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,779		4,151.79	2.33	12.528	415.18	29.24
@CALIF. CHILDREN SERVICES*	10	63	\$	17,183.45	\$ 272.75	.444	\$ 1718.35	\$ 121.01
@XOVER EXCLUDING STATE HOSP**	8	21	\$	2,330.60	\$ 110.98	.148	\$ 291.33	\$ 16.41
o + momaro		T TATE OF \$43 FT OAT	T	O377 77 .				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,021 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

00111111 000111 000111	DOIMERT OF DELL	VIOLD 1011 111 110 000	DIDIIDEED 01	00 011 00 01 011	0.0		
					MON	NTHLY AVERA	GE
20,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,456	574,268 \$	16,891,456.73	\$ 29.41	27.978	1168.47	\$ 822.93
@PHYSICIANS SERVICES	2,928	20,273 \$	660,348.33	\$ 32.57	.988	225.53	\$ 32.17
OUTPATIENT VISITS	1,059	1,511	69,857.46	46.23	.074	65.97	3.40
OFFICE VISITS	535	722	24,230.69	33.56	.035	45.29	1.18
HOME VISITS	8	8	290.80	36.35	.000	36.35	.01
EMERGENCY ROOM	455	637	40,696.11	63.89	.031	89.44	1.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	105	144	4,639.86	32.22	.007	44.19	.23
INPATIENT VISITS	538	4,414	187,964.56	42.58	.215	349.38	9.16
HOSPITAL VISITS	513	4,144	163,662.63	39.49	.202	319.03	7.97
CRITICAL CARE	51	185	20,993.32	113.48	.009	411.63	1.02
SNF/ICF/TRANS IP CARE	38	85	3,308.61	38.92	.004	87.07	.16
OPHTHALMOLOGICAL SERVICES	60	83	3,741.09	45.07	.004	62.35	.18
EXAMINATIONS	60	83	3,741.09	45.07	.004	62.35	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	228	2,511	108,716.63	43.30	.122	476.83	5.30
PRINCIPAL SURGEON	181	337	82,494.84	244.79	.016	455.77	4.02
ASSISTANT SURGEON	21	21	3,812.58	181.55	.001	181.55	.19
ANESTHESIOLOGIST	84	2,153	22,409.21	10.41	.105	266.78	1.09
OUTPATIENT SURGERY	177	363	41,197.12	113.49	.018	232.75	2.01
PRINCIPAL SURGEON	162	219	37,287.94	170.26	.011	230.17	1.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	22	144	3,909.18	27.15	.007	177.69	.19

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	142	574		40,035.67		69.75	.028		281.94		1.95
PATHOLOGY	280	2,581		16,881.78		6.54	.126		60.29		.82
RADIOLOGY	621	1,992		72,897.44		36.60	.097		117.39		3.55
PSYCHIATRY	1	1		28.10		28.10	.000		28.10		.00
IMMUNIZATION AND INJECTION	29	441		25,736.80		58.36	.021		887.48		1.25
OTHER SERVICES/ALL X-OVERS	1,603	5,802		93,291.68		16.08	.283		58.20		4.55
@PHARMACY	9,951	100,830	\$	3,904,391.07	\$	38.72	4.912	\$	392.36	\$	190.22
PRESCRIPTION DRUGS	9,768	40,990		3,795,969.09		92.61	1.997		388.61		184.93
SNF/ICF	482	3,593		267,572.90		74.47	.175		555.13		13.04
OUTPATIENTS	9,327	37,397		3,528,396.19		94.35	1.822		378.30		171.90
MEDICAL SUPPLIES	922	59,840		108,421.98		1.81	2.915		117.59		5.28
@DENTIST	1,237	5,857	\$	260,750.85	\$	44.52	.285	\$	210.79	\$	12.70
VISITS - DIAGNOSTIC	786	3,167		40,522.72		12.80	.154		51.56		1.97
ORAL SURGERY	221	757		40,914.25		54.05	.037		185.13		1.99
DRUGS	2	2		25.00		12.50	.000		12.50		.00
ANESTHESIA	10	10		1,000.00		100.00	.000		100.00		.05
PERIODONTICS	102	105		14,890.00		141.81	.005		145.98		.73
ENDODONTICS	76	124		28,947.00		233.44	.006		380.88		1.41
RESTORATIVE DENTISTRY	374	1,004		72,670.00		72.38	.049		194.30		3.54
PROSTHETICS	14	14		460.00		32.86	.001		32.86		.02
DENTURES, STAYPLATES	165	625		61,286.88		98.06	.030		371.44		2.99
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	41	47		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,022
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	S FOR MN - N	o soc	C - DISABLED 64 6	6G 6H	6U 6V 62	X 8G				
							M	ONTH	ILY AVERA	GE -	

						M	Γ NO	CHLY AVERA	GE	
20,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	256	753	\$ 15,780.66	\$	20.96	.037	\$	61.64	\$.77
DIAGNOSTIC AND ANC. PROCED	82	82	3,717.08		45.33	.004		45.33		.18
EYE APPLIANCES	206	620	10,712.19		17.28	.030		52.00		.52
OTHER OPTOMETRIC SERVICES	29	51	1,351.39		26.50	.002		46.60		.07
@CHIROPRACTOR	2	4	\$ 66.88	\$	16.72	.000	\$	33.44	\$.00
VISITS	2	4	66.88		16.72	.000		33.44		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	114	211	\$ 2,519.75	\$	11.94	.010	\$	22.10	\$.12
MEDICINE/INJECTIONS	24	28	802.60		28.66	.001		33.44		.04
SURGERY/ANES.	6	8	116.79		14.60	.000		19.47		.01
RADIO./PATHOLOGY	1	2	34.60		17.30	.000		34.60		.00
OTHER	91	173	1,565.76		9.05	.008		17.21		.08
@HOME HEALTH AGENCY	182	24,810	\$ 730,401.04	\$	29.44	1.209	\$	4013.19	\$	35.58
NURSE ANESTHESIST	1	3	\$ 7.91	\$	2.64	.000	\$	7.91	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 36.51	\$	18.26	.000	\$	18.26	\$.00
@TOTAL HOSPITAL	1,809	17,016	\$ 6,460,013.23	\$	379.64	.829	\$	3571.04	\$	314.72
HOSP INPATIENT TOTAL	561	5,691	6,208,744.89		1090.98	.277		11067.28		302.48
HSC HOSPITALS	318	2,867	3,291,054.38		1147.91	.140		10349.23		160.34
NON-HSC HOSPITAL TOTAL	136	1,662	2,773,470.80		1668.75	.081		20393.17		135.12
ACCOMMODATIONS	136	1,662	695,382.00		418.40	.081		5113.10		33.88
ADMINISTRATIVE DAYS	46	816	177,200.46		217.16	.040		3852.18		8.63
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	98	846	518,181.54		612.51	.041		5287.57		25.25
ANCILLARIES	135	0	2,078,088.80		.00	.000		15393.25		101.24
INPATIENT CROSSOVERS	137	1,162	144,219.71		124.11	.057		1052.70		7.03
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1,334	11,325	251,268.34	22.19	.552	188.36	12.24
MEDICAL	260	502	19,017.47	37.88	.024	73.14	.93
SURGERY	76	93	3,312.01	35.61	.005	43.58	.16
PATHOLOGY	383	3,321	31,572.03	9.51	.162	82.43	1.54
RADIOLOGY	262	636	49,331.32	77.56	.031	188.29	2.40
ROOM USE	495	755	26,579.05	35.20	.037	53.70	1.29
CROSSOVERS/ALL OTH OUTPINT	874	6,018	121,456.46	20.18	.293	138.97	5.92
@COUNTY HOSPITAL TOTAL	254	2,200 \$	1,991,370.94	\$ 905.17	.107 \$	7840.04	\$ 97.02
CO HOSPITAL INPATIENT TOTAL	232	2,108	1,988,516.44	943.32	.103	8571.19	96.88
HSC HOSPITALS	201	1,638	1,844,394.61	1126.00	.080	9176.09	89.86
NON-HSC HOSPITALS TOTAL	13	223	123,930.91	555.74	.011	9533.15	6.04
ACCOMMODATIONS	13	223	49,943.09	223.96	.011	3841.78	2.43
ADMINISTRATIVE DAYS	13	223	49,943.09	223.96	.011	3841.78	2.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	13	0	73,987.82	.00	.000	5691.37	3.60
INPATIENT CROSSOVERS	26	247	20,190.92	81.74	.012	776.57	.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	25	92	2,854.50	31.03	.004	114.18	.14
MEDICAL	9	11	403.39	36.67	.001	44.82	.02
SURGERY	3 9 5	3	82.27	27.42	.000	27.42	.00
PATHOLOGY	9	31	398.99	12.87	.002	44.33	.02
RADIOLOGY	5	9	677.16	75.24	.000	135.43	.03
ROOM USE	17	23	854.43	37.15	.001	50.26	.04
CROSSOVERS/ALL OTH OUTPINT	9	15	438.26	29.22	.001	48.70	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,023
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - NO SOC	- DISABLED 64	6G 6H 6U 6V 6X	8G		
					MON7		
20,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,581	14,816 \$	4,468,642.29			2826.47	\$ 217.71
COMM HOSP INPATIENT TOTAL	343	3,583	4,220,228.45	1177.85	.175	12303.87	205.60
HSC HOSPITALS	124	1,229	1,446,659.77	1177.10		11666.61	70.48
NON-HSC HOSPITALS TOTAL	124	1,439	2,649,539.89			21367.26	129.08
ACCOMMODATIONS	124	1,439	645,438.91	448.53	.070	5205.15	31.44
ADMINISTRATIVE DAYS	33	593	127,257.37	214.60	.029	3856.28	6.20

20,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,581	14,816	\$ 4,468,642.29	\$ 301.61		\$ 2826.47	\$ 217.71
COMM HOSP INPATIENT TOTAL	343	3,583	4,220,228.45	1177.85	.175	12303.87	205.60
HSC HOSPITALS	124	1,229	1,446,659.77	1177.10	.060	11666.61	70.48
NON-HSC HOSPITALS TOTAL	124	1,439	2,649,539.89	1841.24	.070	21367.26	129.08
ACCOMMODATIONS	124	1,439	645,438.91	448.53	.070	5205.15	31.44
ADMINISTRATIVE DAYS	33	593	127,257.37	214.60	.029	3856.28	6.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	846	518,181.54	612.51	.041	5287.57	25.25
ANCILLARIES	123	0	2,004,100.98	.00	.000	16293.50	97.64
INPATIENT CROSSOVERS	112	915	124,028.79	135.55	.045	1107.40	6.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,310	11,233	248,413.84	22.11	.547	189.63	12.10
MEDICAL	251	491	18,614.08	37.91	.024	74.16	.91
SURGERY	73	90	3,229.74		.004	44.24	.16
PATHOLOGY	375	3,290	31,173.04	9.48	.160	83.13	1.52
RADIOLOGY	257	627	48,654.16	77.60	.031	189.32	2.37
ROOM USE	479	732	25,724.62	35.14	.036	53.70	1.25
CROSSOVERS/ALL OTH OUTPINT	865	6,003	121,018.20	20.16	.292	139.91	5.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	357	9,329	\$ 1,554,299.84	\$ 166.61	.454	\$ 4353.78	\$ 75.72
LEV A-INTERMEDIATE	1	16	1,353.92	84.62	.001	1353.92	.07
LEV B-REHAB MD	15	453	59,086.08	130.43	.022	3939.07	2.88
LEV B-SUBACUTE FREESTANDING	0	0	265.25CR	.00	.000	.00	.01CR
LEV B-SUBACUTE HSPTL BASED	21	824	391,964.29	475.68	.040	18664.97	19.10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	320	8,036	1,102,160.80		.392	3444.25	53.70
@INTERMEDIATE CARE FACILDD	44	1,376	\$ 208,541.07	\$ 151.56	.067	\$ 4739.57	\$ 10.16

ICF DDH	35	1,153		168,327.29		145.99	.056	4809.3	5	8.20
ICF DD	0	0		.00		.00	.000	.00)	.00
ICF DDN/DDCN	9	223		40,213.78		180.33	.011	4468.2)	1.96
@HEMODIALYSIS TOTAL	325	6,399	\$	371,219.29	\$	58.01	.312	\$ 1142.2	L \$	18.09
HOSPITAL BASED	0	0		.00		.00	.000	.00)	.00
HEMODIALYSIS CENTER	325	6,399		371,219.29		58.01	.312	1142.2	L	18.09
@REHABILITATION FACILITY	43	550	\$	7,650.40	\$	13.91	.027	\$ 177.93	2 \$.37
HOSPITAL BASED	11	51		1,383.28		27.12	.002	125.7	5	.07
INDEPENDENT FACILITY	32	499		6,267.12		12.56	.024	195.8	5	.31
@LABORATORY FACILITY	333	2,147	\$	23,464.26	\$	10.93	.105	\$ 70.40	5 \$	1.14
PATHOLOGY	325	2,126		23,336.73		10.98	.104	71.83	L	1.14
XO AND OTHERS	8	21		127.53		6.07	.001	15.9	1	.01
@ORGANIZED OUTPATIENT CLINIC	3,982	7,906	\$	1,813,572.79	\$	229.39	.385	\$ 455.4	1 \$	88.35
CLINIC	70	194		9,542.80		49.19	.009	136.3	3	.46
SURGICENTER	7	25		1,726.43		69.06	.001	246.6	3	.08
HEROIN DETOX CLINIC	2	29		347.16		11.97	.001	173.5	3	.02
RURAL HEALTH CLINIC	3,916	7,658		1,801,956.40		235.30	.373	460.1	5	87.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 20	03 THRU I	DEC 2003	F	AGE 2,024
MOP024	FEE-FOR-SERVICE/DENTA	ΔL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES E	OR MN - N	10 SOC	- DISABLED 64	6G 6H	6U 6V 6X 8	lG			

----- MONTHLY AVERAGE -----20,526 ELIGIBLES UNITS OF SERVICE EXPENDITURES USERS AVERAGE COST UNITS/DAYS COST PER COST PER
 EXPENDITURES
 AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG
 COST PER ELIG
 COST PER ELIGIBLE

 878,392.85
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 4,391.23
 878.25
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 99,347.29
 6.11
 .792
 236.54
 4.84

 46,025.39
 15.29
 .147
 153.93
 2.24

 49,070.24
 3.74
 .640
 386.38
 2.39

 4,251.66
 37.96
 .005
 303.69
 .21

 805.59
 17.51
 .002
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 8,850.49
 69.69
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 105.00
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 261,130.33
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 10,520.43
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 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,099 376,802 \$
180 1,228
0 0 0
5 5
420 16,256
299 3,010
127 13,134
14 112
15 46
11 127
1 66 10,186
0 0
349 849 @ALL OTHER PROVIDERS 2,099 376,802 \$ DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 66 10,186 2
0 0
349 849
1 2
14 23
47 214
46 213
1 1
12 28
36 93
44 1,201
0 0
435 12,200
0 0
0 0
0 0
0 0
0 0
640 334,343
234 16,200 \$ IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .00 .00 76,116.46 EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS .23 16.289 118.93 3.71 .789 \$ 1496.32 \$ 350,139.06 \$ @CALIF. CHILDREN SERVICES* 234 16,200 21.61 17.06 @XOVER EXCLUDING STATE HOSP** 2,074 \$ 19,255 489,331.36 \$ 25.41 .938 \$ 235.94 \$ 23.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,025 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76,093	323,297	\$ 32,192,156.06	\$ 99.57	2.361	\$ 423.06	\$ 235.05
@PHYSICIANS SERVICES	10,397	43,882	\$ 2,273,380.01	\$ 51.81	.320	\$ 218.66	\$ 16.60
OUTPATIENT VISITS	5,936	10,992	405,330.56	36.88	.080	68.28	2.96
OFFICE VISITS	1,952	2,514	101,411.39	40.34	.018	51.95	.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,225	3,608	193,944.53	53.75	.026	60.14	1.42
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	592	4,360	88,862.25	20.38	.032	150.11	.65
OTHER OUTPATIENT	389	486	20,128.10	41.42	.004	51.74	.15
INPATIENT VISITS	1,840	8,025	589,561.31	73.47	.059	320.41	4.30
HOSPITAL VISITS	1,729	5,960	267,504.26	44.88	.044	154.72	1.95
CRITICAL CARE	222	2,065	322,057.05	155.96	.015	1450.71	2.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	54	85	3,981.49	46.84	.001	73.73	.03

EXAMINATIONS	52	83	3,970.91	47.84	.001	76.36	.03
SERVICES AND MATERIALS	2	2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	1,754	8,513	799,906.00	93.96	.062	456.05	5.84
PRINCIPAL SURGEON	1,360	2,022	627,368.56	310.27	.015	461.30	4.58
ASSISTANT SURGEON	211	216	36,043.12	166.87	.002	170.82	.26
ANESTHESIOLOGIST	623	6,275	136,494.32	21.75	.046	219.09	1.00
OUTPATIENT SURGERY	775	1,690	120,746.42	71.45	.012	155.80	.88
PRINCIPAL SURGEON	666	876	94,475.27	107.85	.006	141.85	.69
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	203	813	26,163.93	32.18	.006	128.89	.19
DIALYSIS	53	225	16,974.03	75.44	.002	320.26	.12
PATHOLOGY	1,808	7,085	56,129.40	7.92	.052	31.05	.41
RADIOLOGY	2,177	3,578	164,131.37	45.87	.026	75.39	1.20
PSYCHIATRY	3	4	103.17	25.79	.000	34.39	.00
IMMUNIZATION AND INJECTION	237	580	7,274.49	12.54	.004	30.69	.05
OTHER SERVICES/ALL X-OVERS	1,590	3,105	109,241.77	35.18	.023	68.71	.80
@PHARMACY	9,281	26,828 \$	1,230,412.30		.196 \$		
PRESCRIPTION DRUGS	9,022	19,867	1,158,158.27	58.30	.145	128.37	8.46
SNF/ICF	8	38	2,073.61	54.57	.000	259.20	.02
OUTPATIENTS	9,015	19,829	1,156,084.66	58.30	.145	128.24	8.44
MEDICAL SUPPLIES	603	6,961	72,254.03	10.38	.051	119.82	.53
@DENTIST	17,194	94,451 \$	2,982,953.49		.690 \$		
VISITS - DIAGNOSTIC	12,502	61,654	829,421.68	13.45	.450	66.34	6.06
ORAL SURGERY	2,534	5,390	326,023.95	60.49	.039	128.66	2.38
DRUGS	668	782	17,482.50	22.36	.006	26.17	.13
ANESTHESIA	78	78	7,400.00	94.87	.001	94.87	.05
PERIODONTICS	836	849	121,250.00	142.82	.006	145.04	.89
ENDODONTICS	1,427	2,533	315,486.25	124.55		221.08	2.30
RESTORATIVE DENTISTRY	6,549	20,215	1,169,175.00	57.84	.148	178.53	8.54
PROSTHETICS	48	50	1,140.00	22.80		23.75	.01
DENTURES, STAYPLATES	348	1,401	120,718.36	86.17	.010	346.89	.88
SPACE MAINTAINERS	122	151	16,092.00	106.57	.001	131.90	.12
MAXILLOFACIAL SERVICES	27	27	1,280.00	47.41	.000	47.41	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	621	792	57,048.75	72.03	.006	91.87	.42
ALL OTHER SERVICES	404	527	435.00	.83	.004	1.08	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,026
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT		ICES FOR MN-NOSOC-F	AM 34 39 3N 3T 3V	54 59 5J 5W-5Y	6J 7J 7K		
					MON	THLY AVERA	GE
136,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OD DAME OF CARE		DDD IMITE /DAM	DDD DIIG	HOLD	DI TOTRI D

136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY:	_	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	329	920	\$ 22,885.65	\$ 24.88	.007	\$	69.56	\$.17
DIAGNOSTIC AND ANC. PROCED	276	277	12,908.74	46.60	.002		46.77	.09
EYE APPLIANCES	223	638	9,874.07	15.48	.005		44.28	.07
OTHER OPTOMETRIC SERVICES	4	5	102.84	20.57	.000		25.71	.00
@CHIROPRACTOR	48	95	\$ 1,510.64	\$ 15.90	.001	\$	31.47	\$.01
VISITS	47	89	1,488.08	16.72	.001		31.66	.01
OTHER SERVICES	1	6	22.56	3.76	.000		22.56	.00
@PODIATRIST	24	53	\$ 2,343.39	\$ 44.21	.000	\$	97.64	\$.02
MEDICINE/INJECTIONS	18	22	788.19	35.83	.000		43.79	.01
SURGERY/ANES.	5	8	505.92	63.24	.000		101.18	.00
RADIO./PATHOLOGY	6	10	173.00	17.30	.000		28.83	.00
OTHER	7	13	876.28	67.41	.000		125.18	.01
@HOME HEALTH AGENCY	52	1,703	\$ 55,584.73	\$ 32.64	.012	\$	1068.94	\$.41
NURSE ANESTHESIST	137	363	\$ 13,510.99	\$ 37.22	.003	\$	98.62	\$.10
NURSE MIDWIFE	3	5	\$ 1,394.87	\$ 278.97	.000	\$	464.96	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6,322	28,237	\$ 11,805,720.41	\$ 418.09	.206	\$	1867.40	\$ 86.20

HOSP INPATIENT TOTAL	1,763	7,791	11,224,354.29	1440.68	.057	6366.62	81.95
HSC HOSPITALS	1,496	6,405	9,066,648.69	1415.56	.047	6060.59	66.20
NON-HSC HOSPITAL TOTAL	272	1,375	2,154,748.14	1567.09	.010	7921.87	15.73
ACCOMMODATIONS	271	1,375	893,530.07	649.84	.010	3297.16	6.52
ADMINISTRATIVE DAYS	7	32	7,401.60	231.30	.000	1057.37	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	265	1,343	886,128.47	659.81	.010	3343.88	6.47
ANCILLARIES	272	0	1,261,218.07	.00	.000	4636.83	9.21
TNDATTENT CROSSOVERS	4	11	2,957.46	268.86	.000	739.37	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0 4,791	20,446	581,366.12	28.43	.149	121.35	4.24
MEDICAL	882	1,295	65,967.14	50.94	.009	74.79	.48
SURGERY	362	419	13,602.26	32.46	.003	37.58	.10
PATHOLOGY	1,700	8,398	86,380.98	10.29	.061	50.81	.63
RADIOLOGY	1,262	1,749	131,018.85	74.91	.013	103.82	.96
ROOM USE	3,518	4,463	166,589.65	37.33	.033	47.35	1.22
CROSSOVERS/ALL OTH OUTPTNT		4,122	117,807.24	28.58	.030	61.49	.86
@COUNTY HOSPITAL TOTAL	871	2,949 \$	2,658,592.96		.022 \$		
CO HOSPITAL INPATIENT TOTAL		2,320	2,640,953.61	1138.34	.017	3438.74	19.28
HSC HOSPITALS	768	2,320	2,640,953.61	1138.34	.017	3438.74	19.28
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	111	629	17,639.35	28.04	.005	158.91	.13
MEDICAL	15	18	823.99	45.78	.000	54.93	.01
SURGERY	36	50	1,416.74	28.33	.000	39.35	.01
PATHOLOGY	50	262	4,127.21	15.75	.002	82.54	.03
RADIOLOGY	14	16	838.16	52.39	.000	59.87	.01
ROOM USE	69	124	5,974.26	48.18	.001	86.58	.04
CROSSOVERS/ALL OTH OUTPTNT	55	159	4,458.99	28.04	.001	81.07	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,027
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES		'AM 34 39 3N 3T 3V 5	54 59 5J 5W-5Y	6J 7J 7K		
					MON	THLY AVERA	GE
126 060 ELICIPIES	HCEDC IIM	TTC OF CEDITOR	EADENDIALIDEG	ATTEDACE COCT	IINITTO / DAVO	COCT DED	COCT DED

					1-1014	11111 1 11 1 11 11 11 11 11 11 11 11 11	CLI
136,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,477	25,288 \$	9,147,127.45	\$ 361.72	.185 \$	1670.10	\$ 66.79
COMM HOSP INPATIENT TOTAL	1,001	5,471	8,583,400.68	1568.89	.040	8574.83	62.67
HSC HOSPITALS	732	4,085	6,425,695.08	1573.00	.030	8778.27	46.92
NON-HSC HOSPITALS TOTAL	272	1,375	2,154,748.14	1567.09	.010	7921.87	15.73
ACCOMMODATIONS	271	1,375	893,530.07	649.84	.010	3297.16	6.52
ADMINISTRATIVE DAYS	7	32	7,401.60	231.30	.000	1057.37	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	265	1,343	886,128.47	659.81	.010	3343.88	6.47
ANCILLARIES	272	0	1,261,218.07	.00	.000	4636.83	9.21
INPATIENT CROSSOVERS	4	11	2,957.46	268.86	.000	739.37	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,683	19,817	563,726.77	28.45	.145	120.38	4.12
MEDICAL	867	1,277	65,143.15	51.01	.009	75.14	.48
SURGERY	326	369	12,185.52	33.02	.003	37.38	.09
PATHOLOGY	1,652	8,136	82,253.77	10.11	.059	49.79	.60
RADIOLOGY	1,248	1,733	130,180.69	75.12	.013	104.31	.95
ROOM USE	3,452	4,339	160,615.39	37.02	.032	46.53	1.17
CROSSOVERS/ALL OTH OUTPTNT	1,862	3,963	113,348.25	28.60	.029	60.87	.83
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	74	2,204	\$	127,071.17	\$	57.65	.016	\$	1717.18	\$.93
HOSPITAL BASED	8	80		31,545.78		394.32	.001		3943.22		.23
HEMODIALYSIS CENTER	66	2,124		95,525.39		44.97	.016		1447.35		.70
@REHABILITATION FACILITY	95	921	\$	15,632.65	\$	16.97	.007	\$	164.55	\$.11
HOSPITAL BASED	52	122		6,716.06		55.05	.001		129.16		.05
INDEPENDENT FACILITY	43	799		8,916.59		11.16	.006		207.36		.07
@LABORATORY FACILITY	1,724	5,496	\$	83,556.24	\$.040	\$	48.47	\$.61
PATHOLOGY	1,718	5,489		83,152.04		15.15	.040		48.40		.61
XO AND OTHERS	7	7		404.20		57.74	.000		57.74		.00
@ORGANIZED OUTPATIENT CLINIC	37,540	62,729	\$	12,969,294.02	\$	206.75	.458	\$	345.48	\$	94.69
CLINIC	1,963	10,675		286,466.39		26.84	.078		145.93		2.09
SURGICENTER	3	8		393.92		49.24	.000		131.31		.00
HEROIN DETOX CLINIC	5	70		793.67		11.34	.001		158.73		.01
RURAL HEALTH CLINIC	35,713			12,681,640.04		243.99	.379		355.10		92.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RE	EPOR7	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 2,028
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59) 5J 5W-5					
							M	ONT	HLY AVERA	GE -	

					MON	ITHLY AVERA	GE
136,960 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8,115	55,410 \$	606,905.50	\$ 10.95	.405 \$	74.79	\$ 4.43
DURABLE MED. EQUIP.	67	549	36,995.02	67.39	.004	552.16	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	19	5,704.74	300.25	.000	814.96	.04
MEDICAL TRANSPORTATION	653	9,074	147,158.96	16.22	.066	225.36	1.07
AMBULANCES/AIR TRANS	645	7,664	109,861.01	14.33	.056	170.33	.80
OTHER TRANS	9	1,392	5,422.95	3.90	.010	602.55	.04
OTHER SERVICES	18	18	31,875.00	1770.83	.000	1770.83	.23
ACUPUNCTURE	65	185	3,453.38	18.67	.001	53.13	.03
ADULT DAY HEALTH CARE CTR	1	1	72.00	72.00	.000	72.00	.00
GENETIC DISEASE TESTING	641	641	65,434.50	102.08	.005	102.08	.48
IHMC, MODEL-NF, NF, AIDS, MSSP	1	74	2,001.50	27.05	.001	2001.50	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,166	4,636	44,658.37	9.63	.034	20.62	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	88	235	28,545.59	121.47	.002	324.38	.21
PROSTHETICS	62	208	26,259.16	126.25	.002	423.53	.19
ORTHOTICS	27	27	2,286.43	84.68	.000	84.68	.02
PSYCHOLOGIST	1	6	360.00	60.00	.000	360.00	.00
SPEECH AND AUDIOLOGY	12	41	5,962.91	145.44	.000	496.91	.04
HOSPICE SERVICES	1	28	4,585.84	163.78	.000	4585.84	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,447	23,036	256,639.80	11.14	.168	57.71	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

16,885 5,332.89 ALL OTHER PROVIDERS 18 .32 .123 296.27 .04 @CALIF. CHILDREN SERVICES* 1,924 20,533 5,635,431.99 \$ 274.46 .150 \$ 2929.02 \$ 41.15 @XOVER EXCLUDING STATE HOSP** 74 435 24,382.37 \$ 56.05 .003 \$ 329.49 \$ \$.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES MOP024 FEE-FOR-SERVICE/D

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,029 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

0011111 000111 000111		, 1012 1011 111 110 200	101112		MON	THLY AVERA	GE
191,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	111,223	1,326,632 \$	60,189,423.90	\$ 45.37	6.912 \$		
@PHYSICIANS SERVICES	17,355	79,654 \$		\$ 42.90	.415 \$	196.91	
OUTPATIENT VISITS	8,694	14,808	565,863.83	38.21	.077	65.09	2.95
OFFICE VISITS	3,859	5,097	188,865.95	37.05	.027	48.94	.98
HOME VISITS	12	5,097 13	548.80	42.22	.000	45.73	.00
EMERGENCY ROOM	4,006	4,622	260,409.82	56.34	.024	65.00	1.36
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	592	4,360	88,862.25	20.38	.023	150.11	.46
OTHER OUTPATIENT	F 4 F	692	26,192.72	37.85	.004	48.06	.14
INPATIENT VISITS	2,625 2,462	13,631	831,702.06	61.02	.071	316.84	4.33
HOSPITAL VISITS	2,023	11,226	480,055.43		.058	194.99	2.50
CRITICAL CARE	289	2,283	347,000.47	42.76 151.99	.012	1200.69	1.81
SNF/ICF/TRANS IP CARE	68	122	4,646.16	38.08	.001	68.33	.02
OPHTHALMOLOGICAL SERVICES	269	384	17,018.54	44.32	.001	63.27	.02
	267	382	17,016.54	44.52	.002	63.70	.09
EXAMINATIONS SERVICES AND MATERIALS	267	2	17,007.98	5.29	.002	5.29	.09
		11,738	983,047.60	83.75	.061		5.12
INPATIENT HOSPITAL SURGERY	1,626	2,478	762,573.53	307.74	.013	464.36	3.97
PRINCIPAL SURGEON						468.99	
ASSISTANT SURGEON	260 756	268 8,992	48,229.37	179.96 19.16	.001	185.50	. 25
ANESTHESIOLOGIST	/56		172,244.70		.047	227.84	.90
OUTPATIENT SURGERY	1,155	2,545	221,007.86	86.84	.013	191.35	1.15
PRINCIPAL SURGEON	995	1,288	183,225.75	142.26	.007	184.15	.95
ASSISTANT SURGEON	2 275	2	160.09	80.05	.000	80.05	.00
ANESTHESIOLOGIST		1,255	37,622.02	29.98	.007	136.81	.20
DIALYSIS	252 2,454	941	71,423.14	75.90	.005	283.43	.37
PATHOLOGY	2,454	11,484	83,133.06	7.24	.060	33.88	.43
RADIOLOGY	3,434	6,810	277,180.77	40.70	.035	80.72	1.44
PSYCHIATRY	4	5	131.27	26.25	.000	32.82	.00
IMMUNIZATION AND INJECTION	311	1,736	52,188.67	30.06	.009	167.81	. 27
OTHER SERVICES/ALL X-OVERS		15,572	314,685.99	20.21	.081	59.96	1.64
@PHARMACY	34,502	229,816 \$	8,465,369.40	\$ 36.84	1.197 \$		
PRESCRIPTION DRUGS	33,825	111,757	8,193,837.95	73.32	.582	242.24	42.69
SNF/ICF	1,140	7,401	468,542.73	63.31	.039	411.00	2.44
OUTPATIENTS	32,784	104,356	7,725,295.22	63.31 74.03 2.30	.544	235.64	40.25
MEDICAL SUPPLIES @DENTIST	2,673	118,059	271,531.45	2.30	.615	101.58	1.41
@DENTIST	19,731 14,101	106,648 \$		\$ 33.38	.556 \$		
	14,101	68,365 6,831	912,321.90	13.34	.356	64.70	4.75
ORAL SURGERY	2,959	6,831	399,276.45	58.45	.036	134.94	2.08
DRUGS	670	/84	17,507.50	22.33	.004	26.13	.09
ANESTHESIA	90	90	8,600.00	95.56	.000	95.56	.04
PERIODONTICS	1,055	1,077	154,232.00	143.21	.006	146.19	.80
ENDODONTICS	1,562	2,741	363,898.25	132.76	.014	232.97	1.90
	7,247	22,237	1,326,531.00	59.65	.116	183.05	6.91
PROSTHETICS	68	70	1,760.00	25.14	.000	25.88	.01
DENTURES, STAYPLATES	827	2,839	300,884.84	105.98	.015	363.83	1.57
SPACE MAINTAINERS	122	151	16,092.00	106.57	.001	131.90	.08
MAXILLOFACIAL SERVICES	28	28	1,280.00	45.71	.000	45.71	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	622 482 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	•	57,083.75 435.00 MONTH-OF-PAYMENT F OC - TOTAL	71.98 .68 REPORT FOR JAN	.004 .003 2003 THRU DE	91.77 .90 C 2003	.30 .00 PAGE 2,030 01/29/04
					MON	THLY AVERAG	E
191,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,103	3,267 \$	72,375.71	\$ 22.15	.017 \$	65.62	\$.38
DIAGNOSTIC AND ANC. PROCED	580	592	26,892.05	45.43	.003	46.37	.14
EYE APPLIANCES	818	2,525	41,287.75	16.35	.013	50.47	.22
OTHER OPTOMETRIC SERVICES	99	150	4,195.91	27.97	.001	42.38	.02
@CHIROPRACTOR	50	99 \$	1,577.52	\$ 15.93	.001 \$	31.55	\$.01
VISITS	49	93	1,554.96	16.72	.000	31.73	.01
OTHER SERVICES	1	6	22.56	3.76	.000	22.56	.00
@PODIATRIST	354	571 \$	9,063.75	\$ 15.87	.003 \$	25.60	\$.05

MEDICINE/INJECTIONS	72	85	2,764.79	32.53	.000	38.40	.01
SURGERY/ANES.	12	17	639.71	37.63	.000	53.31	.00
RADIO./PATHOLOGY	10	18	321.76	17.88	.000	32.18	.00
OTHER		451					
-	286		5,337.49	11.83	.002	18.66	.03
@HOME HEALTH AGENCY	258	26,671 \$	796,307.88	\$ 29.86	.139 \$		\$ 4.15
NURSE ANESTHESIST	138	366 \$	13,518.90	\$ 36.94	.002 \$	97.96	\$.07
NURSE MIDWIFE	3	5 \$	1,394.87	\$ 278.97	.000 \$	464.96	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER		10 4	106.20	\$ 8.85	.000 \$	21.24	
@TOTAL HOSPITAL	9 967	55,180 \$	20,155,305.72	\$ 365.26		2022.20	
	2,507	33,100 Ş					99.63
HOSP INPATIENT TOTAL	2,670	15,373	19,122,669.28	1243.91	.080	7162.05	
HSC HOSPITALS	1,972	10,084	13,261,514.71	1315.10	.053	6724.91	69.09
NON-HSC HOSPITAL TOTAL	481	3,449	5,606,705.48	1625.60	.018	11656.35	29.21
ACCOMMODATIONS	480	3,449	1,785,109.52	517.57	.018	3718.98	9.30
ADMINISTRATIVE DAYS	65	975	213,820.27	219.30	.005	3289.54	1.11
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	426	2,474	1,571,289.25	635.12	.013	3688.47	8.19
ANGILIADIEC	470	0	3,821,595.96	.00	.000	7978.28	19.91
ANCILLARIES	479						
INPATIENT CROSSOVERS	264	1,840	254,449.09	138.29	.010	963.82	1.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,676	39,807	1,032,636.44	25.94	.207	134.53	5.38
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	1,412	2,216	101,524.83	45.81	.012	71.90	.53
SURGERY	522	612	23,316.47	38.10	.003	44.67	.12
PATHOLOGY	2,531	14,244	143,101.58	10.05	.074	56.54	.75
RADIOLOGY	1,915	3,030	229,919.60	75.88	.016	120.06	1.20
ROOM USE	4,423	5,761	214,404.29	37.22	.030	48.47	1.12
	3,720	13,944		22.98	.073	86.12	1.67
CROSSOVERS/ALL OTH OUTPTNT	3,720	•	320,369.67				
@COUNTY HOSPITAL TOTAL	1,295	6,074 \$	5,176,725.37	\$ 852.28		3997.47	
CO HOSPITAL INPATIENT TOTAL	1,095	5,009	5,142,344.08	1026.62	.026	4696.20	26.79
HSC HOSPITALS	1,053	4,393	4,967,351.89	1130.74	.023	4717.33	25.88
NON-HSC HOSPITALS TOTAL	15	252	147,598.48	585.71	.001	9839.90	.77
ACCOMMODATIONS	15	252	56,493.90	224.18	.001	3766.26	.29
ADMINISTRATIVE DAYS	15	252	56,493.90	224.18	.001	3766.26	.29
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ő	0	.00	.00	.000	.00	.00
	15	0	91,104.58	.00	.000	6073.64	.47
ANCILLARIES							
INPATIENT CROSSOVERS	36	364	27,393.71	75.26	.002	760.94	.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	214	1,065	34,381.29	32.28	.006	160.66	.18
MEDICAL	51	65	2,836.75	43.64	.000	55.62	.01
SURGERY	51	72	2,657.91	36.92	.000	52.12	.01
PATHOLOGY	88	440	7,127.46	16.20	.002	80.99	.04
RADIOLOGY	36	52	5,774.90	111.06	.000	160.41	.03
ROOM USE	132	209	9,488.58	45.40	.001	71.88	.05
CROSSOVERS/ALL OTH OUTPTNT	90	227	6,495.69	28.62	.001	72.17	.03
		ES AND EXPENDITURES MO					PAGE 2,031
			NIH-OF-PAYMENI RE	EPORI FOR JAN 2	ZUUS IHRU DEC	2003	
MOP024	FEE-FOR-SERVICE	•					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - NO SOC	- TOTAL				
					MONT	CHLY AVERA	GE
191,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,741	49,106 \$	14,978,580.35	\$ 305.03		1713.60	
COMM HOSP INPATIENT TOTAL	1,599	10,364	13,980,325.20	1348.93	.054	8743.17	72.84
HSC HOSPITALS	932	5,691	8,294,162.82	1457.42	.030	8899.32	43.21
NON-HSC HOSPITALS TOTAL	75 <u>2</u>	3,197	5,459,107.00	1707.57		11689.74	28.44
	467	•					
ACCOMMODATIONS	466	3,197	1,728,615.62	540.70	.017	3709.48	9.01
ADMINISTRATIVE DAVS	50	1774	157 326 37	217 60	004	2146 52	8.2

2,474

0

0

50

426

465

0

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

ANCILLARIES

TRANSITIONAL IP CARE

157,326.37

.00 1,571,289.25 3,730,491.38 217.60

635.12

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3146.53

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8022.56

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INPATIENT CROSSOVERS	229	1,476		227,055.38		153.83	. 0	8	991	.51		1.18
ALL OTHER INPATIENT	0	, 0		.00		.00	. 0	0 0		.00		.00
COMM HOSP OUTPATIENT TOTAL	7,473	38,742		998,255.15		25.77	. 2	2	133	. 58		5.20
MEDICAL	1,361	2,151		98,688.08		45.88	.0	L1	72	.51		.51
SURGERY	471	540		20,658.56		38.26	.0	3	43	.86		.11
PATHOLOGY	2,446	13,804		135,974.12		9.85	. 0			. 59		.71
RADIOLOGY	1,880	2,978		224,144.70		75.27	.0		119			1.17
ROOM USE	4,296	5,552		204,915.71		36.91	.0			.70		1.07
CROSSOVERS/ALL OTH OUTPTNT		13,717		313,873.98		22.88	. 0			. 42		1.64
@STATE HOSPITAL	0	0	\$.00	Ś	.00				.00	\$.00
MENTALLY ILL	0	0		.00		.00	. 0			.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	. 0	0.0		.00		.00
@NURSING FACILITY	985	25,867	\$	3,886,026.54	Ġ	150.23	.1		\$ 3945		\$	20.25
LEV A-INTERMEDIATE	5	108		7,530.15		69.72	. 0		1506		•	.04
LEV B-REHAB MD	16	484		63,326.88		130.84	.0	3	3957	.93		.33
LEV B-SUBACUTE FREESTANDING	0	0		1,167.10C	R.	.00	.0	0 0		.00		.01CR
LEV B-SUBACUTE HSPTL BASED	24	886		426,756.32		481.67	.0)5	17781	.51		2.22
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.0	0 0		.00		.00
LEV B-REGULAR	940	24,389		3,389,580.29		138.98	.1	27	3605	.94		17.66
@INTERMEDIATE CARE FACILDD	44	1,376	\$	208,541.07	\$	151.56	.0	7	\$ 4739	.57	\$	1.09
ICF DDH	35	1,153		168,327.29		145.99	.0)6	4809	. 35		.88
ICF DD	0	0		.00		.00	.0	0 0		.00		.00
ICF DDN/DDCN	9	223		40,213.78		180.33	.0)1	4468	.20		.21
@HEMODIALYSIS TOTAL	557	12,386	\$	680,259.74	\$	54.92	.0	55	\$ 1221	. 29	\$	3.54
HOSPITAL BASED	8	80		31,545.78		394.32	.0	0 0	3943			.16
HEMODIALYSIS CENTER	549	12,306		648,713.96		52.72	.0	54	1181	.63		3.38
@REHABILITATION FACILITY	139	1,472	\$	23,331.41	\$	15.85			\$ 167		\$.12
HOSPITAL BASED	64	174		8,147.70		46.83	.0		127			.04
INDEPENDENT FACILITY	75	1,298		15,183.71		11.70	.0		202			.08
@LABORATORY FACILITY	2,570	10,107	\$	136,326.04	\$	13.49	.0	53	\$ 53	.05	\$.71
PATHOLOGY	2,540	10,056		135,559.97		13.48	.0		53			.71
XO AND OTHERS	31	51		766.07		15.02	.0			.71		.00
@ORGANIZED OUTPATIENT CLINIC	46,786	79,531	\$	16,821,682.29	\$	211.51		L4			\$	87.64
CLINIC	2,119	11,178		306,931.62		27.46	.0		144			1.60
SURGICENTER	45	158		12,218.09		77.33	.0		271			.06
HEROIN DETOX CLINIC	7	99		1,140.83		11.52	. 0		162			.01
RURAL HEALTH CLINIC	44,798	68,096		16,501,391.75		242.33	.3		368	. 35		85.97
#CALIF DEPT OF HEALTH SERV			JRES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 TH	RU I	EC 2003		P.	AGE 2,032
MOP024	FEE-FOR-SERVICE											01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- TOTAL								
101 040 FF FGTRIFG						D. G. G. G.			NTHLY AV		_	
191,942 ELIGIBLES	USERS	UNITS OF SERVIC	ĽΕ	EXPENDITURES	AVE	RAGE COST	UNITS/	DAYS	COST I	₽ĽR	(COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 12,204 693,604 1,940,951.38 2.80 3.614 \$ 159.04 \$ 10.11 500.34 2,053 82.86 .89 DURABLE MED. EQUIP. 340 170,117.21 .011 Ω Ο .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 47 70 34,964.06 499.49 .000 743.92 .18 MEDICAL TRANSPORTATION 1,362 34,246 299,972.40 8.76 .178 220.24 1.56 173,818.82 159.32 AMBULANCES/AIR TRANS 1,091 11,925 14.58 .91 .062 273 22,118 87,856.61 3.97 .115 321.82 .46 OTHER TRANS 203 OTHER SERVICES 46 38,296.97 188.66 .001 832.54 .20 ACUPUNCTURE 145 523 9,395.18 17.96 .003 64.79 .05 ADULT DAY HEALTH CARE CTR 151 1,908 132,525.54 69.46 .010 877.65 .69 GENETIC DISEASE TESTING 642 642 65,539.50 102.09 .003 102.09 .34 104 10,556 288,875.46 27.37 2777.65 1.51 IHMC, MODEL-NF, NF, AIDS, MSSP .055 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 75,030.85 OPTICIAN 3,174 7,112 10.55 .037 23.64 .39 PHYSICAL THERAPIST 2 5.55 11.09 .00 1 11.09 .000 .000 PORTABLE X-RAY 38 74 689.27 9.31 18.14 .00 PROSTHETIST/ORTHOTISTS 172 529 64,148.54 121.26 .003 372.96 .33

PROSTHETICS	142	498	61,529.88	123.55	.003	433.31	.32
ORTHOTICS	31	31	2,618.66	84.47	.000	84.47	.01
PSYCHOLOGIST	17	40	767.55	19.19	.000	45.15	.00
SPEECH AND AUDIOLOGY	145	363	49,766.31	137.10	.002	343.22	.26
HOSPICE SERVICES	70	1,742	259,675.92	149.07	.009	3709.66	1.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,894	35,609	357,833.06	10.05	.186	73.12	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,235	598,135	131,639.44	.22	3.116	106.59	.69
@CALIF. CHILDREN SERVICES*	2,168	36,796	\$ 6,002,754.50	\$ 163.14	.192	\$ 2768.80	\$ 31.27
@XOVER EXCLUDING STATE HOSP**	4,936	35,802	\$ 968,102.02	\$ 27.04	.187	\$ 196.13	\$ 5.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 2,033 01/29/04

CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MN - SOC - AC	GED	AID CODE 17	1Y		
					MON	THLY AVERA	GE
448 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	514	9,715 \$	646,922.86	\$ 66.59	21.685 \$		\$ 1444.02
@PHYSICIANS SERVICES	55	232 \$	5,622.80	\$ 24.24	.518 \$	102.23	\$ 12.55
OUTPATIENT VISITS	5	5	346.19	69.24	.011	69.24	.77
OFFICE VISITS	1	1	28.23	28.23	.002	28.23	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	317.96	79.49	.009	79.49	.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	15	582.52	38.83	.033	291.26	1.30
HOSPITAL VISITS	2	15	582.52	38.83	.033	291.26	1.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	85.85	42.93	.004	42.93	.19
PRINCIPAL SURGEON	2	2 0	85.85	42.93	.004	42.93	.19
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	29	1,904.11	65.66	.065	380.82	4.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	49	181	2,704.13	14.94	.404	55.19	6.04
@PHARMACY	290	1,982 \$		\$ 52.43	4.424 \$		
PRESCRIPTION DRUGS	285	1,485	102,901.93	69.29	3.315	361.06	229.69
SNF/ICF	129	886	36,783.15	41.52	1.978	285.14	82.11
OUTPATIENTS	159	599	66,118.78	110.38	1.337	415.84	147.59
MEDICAL SUPPLIES	10	497	1,021.34	2.06	1.109	102.13	2.28
@DENTIST	43	224 \$		\$ 44.73	.500 \$		
VISITS - DIAGNOSTIC	27	91	573.00	6.30	.203	21.22	1.28
ORAL SURGERY	13	64	2,299.00	35.92	.143	176.85	5.13

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00	1	100.00	.002		100.00		.22
PERIODONTICS	2	2		318.00	1	L59.00	.004		159.00		.71
ENDODONTICS	3	3		.00		.00	.007		.00		.00
RESTORATIVE DENTISTRY	6	26		899.00		34.58	.058		149.83		2.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	16	30		5,830.00	1	194.33	.067		364.38		13.01
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	5	7		.00		.00	.016		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT E			DEC		I	PAGE 2,034
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT		ICES FOR MN - SC	C -	AGED	AID	CODE 17	1Y				,,
			-					CNO	HLY AVERA	GE.	
448 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER/	AGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE	:				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	11	\$	178.87		16.26	.025		44.72	Ś	.40
DIAGNOSTIC AND ANC. PROCED	0	0	-	.00	т.	.00	.000	т	.00	т.	.00
EYE APPLIANCES	3	8		138.02		17.25	.018		46.01		.31
OTHER OPTOMETRIC SERVICES	2	3		40.85		13.62	.007		20.43		.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś		Ś	.00
VISITS	0	0	-	.00	т.	.00	.000	т	.00	т.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	23	\$	201.07	\$	8.74	.051	Ś	11.17	Ś	.45
MEDICINE/INJECTIONS	0	0	Ψ.	.00	τ	.00	.000	τ.	.00	Ψ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	18	23		201.07		8.74	.051		11.17		.45
@HOME HEALTH AGENCY	0	0	Ś	.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000		.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	•	0	Š	.00	Š	.00	.000		.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	44	294	Š	34,701.51	•	18.03	.656		788.67		77.46
HOSP INPATIENT TOTAL	18	103	Ψ.	27,660.95		268.55	.230	τ.	1536.72	Ψ.	61.74
HSC HOSPITALS	3	14		10,637.00		759.79	.031		3545.67		23.74
NON-HSC HOSPITAL TOTAL	0	0		.00	•	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ô		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	15	89		17,023.95	1	.00 L91.28	.199		1134.93		38.00
ALL OTHER INPATIENT	0	0		.00	-	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26	191		7,040.56		36.86	.426		270.79		15.72
MEDICAL	2	1		27.82		27.82	.002		13.91		.06
SURGERY	0	0		.00		.00	.002		.00		.00
PATHOLOGY	5	22		225.86		10.27	.049		45.17		.50
PATHOLOGY	5	22		4 657 70		10.27	150		45.17		10.40

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RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ROOM USE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	7	7,448.00	1064.00	.016	3724.00	16.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,035
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVIC	ES FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON	THLY AVERAC	E
448 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAIS OF CARE			PER	UNII/DAI			USER		FLIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	281	\$	21,593.51	\$	76.85	.627	\$	514.13	\$	48.20
COMM HOSP INPATIENT TOTAL	16	90		14,552.95	•	161.70	.201	•	909.56	•	32.48
	10						.018				
HSC HOSPITALS	2	8		4,977.00		622.13			2488.50		11.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	U			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14	82		9,575.95		116.78	.183		684.00		21.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	26	191		7,040.56		36.86	.426		270.79		15.72
COMM HOSP OUTPATIENT TOTAL	20										
MEDICAL	2	1		27.82		27.82	.002		13.91		.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	E	22		225.86		10.27	.049		45.17		.50
	5										
RADIOLOGY	6	67		4,657.78		69.52	.150		776.30		10.40
ROOM USE	3	3		85.57		28.52	.007		28.52		.19
CROSSOVERS/ALL OTH OUTPTNT	23	98		2,043.53		20.85	.219		88.85		4.56
	43		4.		4.			4.		4.	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED			4.		4.			4.		4.	
@NURSING FACILITY	141	3,787	\$	450,670.99	\$	119.00	8.453	\$	3196.25	\$	1005.96
LEV A-INTERMEDIATE	3	240		15,097.90		62.91	.536		5032.63		33.70
LEV B-REHAB MD	2	39		4,716.27		120.93	.087		2358.14		10.53
	2										
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	106										
LEV B-REGULAR	136	3,508		430,856.82		122.82	7.830		3168.06		961.73
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00	•	.00
	0										
ICF DD	Ü	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	7	\$	3,135.44	\$	447.92	.016	\$	447.92	\$	7.00
	,	Ó	٧		Υ		.000	Υ	.00	Ψ.	
HOSPITAL BASED	U			.00		.00					.00
HEMODIALYSIS CENTER	7	7		3,135.44		447.92	.016		447.92		7.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Ψ.	.00	τ.	.00	.000	Ψ.	.00	Ψ.	.00
	0	-									
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	1.03	\$	1.03	.002	\$	1.03	\$.00
PATHOLOGY	Λ	0	•	.00	•	.00	.000	•	.00		.00
	0										
XO AND OTHERS	1	1		1.03		1.03	.002		1.03		.00
@ORGANIZED OUTPATIENT CLINIC	48	72	\$	9,185.17	\$	127.57	.161	\$	191.36	\$	20.50
CLINIC	1	2	•	68.41	•	34.21	.004	•	68.41		.15
	1										
SURGICENTER	Ü	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	47	70		9,116.76		130.24	.156		193.97		20.35
			סחמ					DEG		ъ	
#CALIF DEPT OF HEALTH SERV			KES	MONTH-OF-PAYMENT RE	FPORI	FOR JAN .	2003 IHRU	DEC	2003	Р	PAGE 2,036
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - SO)C -	AGED	ΑI	D CODE 17	1Y				
				_			N	יידא	T.V AVEDA	CF	
440 51 10151 50			_			D 7 G 7 G 6 G 6 G					
448 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	72	3,082	\$	29,283.71	\$	9.50	6.879	\$	406.72	\$	65.37
		98	~	4,718.65	~	48.15	.219	~	786.44	~	
DURABLE MED. EQUIP.	6										10.53
BLOOD BANK	0	0		.00		.00	.000		.00		.00
THE ADIMO AID DIODENIONO				1 222 12							
HEAKING AID DISPENSEKS	3	3		1.332.12		444.04	.007		444.04		2.97
HEARING AID DISPENSERS	3	3 905		1,332.12		444.04	.007		444.04 199 61		2.97
MEDICAL TRANSPORTATION	21	905		4,191.90		4.63	2.020		199.61		9.36
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	21 3	905 7		4,191.90 346.72		4.63 49.53	2.020 .016		199.61 115.57		9.36 .77
MEDICAL TRANSPORTATION	21	905		4,191.90		4.63	2.020		199.61		9.36

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OFFICE GERLITAGE	-	F 0		021 50	4 62	110	16 24	F 0
OTHER SERVICES	5	50		231.72	4.63	.112	46.34	.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	188		13,044.32	69.38	.420	1304.43	29.12
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	13		186.91	14.38	.029	26.70	.42
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		1.73	.87	.004	1.73	.00
PROSTHETIST/ORTHOTISTS	1	2		45.98	22.99	.004	45.98	.10
PROSTHETICS	1	2		45.98	22.99	.004	45.98	.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	9		2,367.59	263.07	.020	473.52	5.28
HOSPICE SERVICES	3	20		2,428.34	121.42	.045	809.45	5.42
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	1,842		966.17	.52	4.112	60.39	2.16
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	142	2,561	\$	55,723.25	\$ 21.76	5.717	\$ 392.42	\$ 124.38
et momard tar murde stated and dive	MERCECULO E DE TE	TATE OD MARIE ONT	TITITING ONTE SZ •					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,037
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 49.714 \$ 322.65 \$ 737.49 @TOTAL, ALL PROVIDERS 348 5,162.42 \$ 14.83 @PHYSICIANS SERVICES 266.58 14.81 2.571 \$ 44.43 \$ 38.08 6 18 \$ OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 131.97 32.99 131.97 18.85 .571 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 131.97 32.99 .571 131.97 ANESTHESIOLOGIST 18.85 DIALYSIS .00 .00 .000 .00 .00 10.33 PATHOLOGY 10.33 .143 10.33 1.48 54.82 27.41 .286 54.82 7.83 RADIOLOGY **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	11	69.46	6.31	1.571	17.37	(9.92
@PHARMACY	7	289 \$	3,142.32	\$ 10.87	41.286 \$			8.90
PRESCRIPTION DRUGS	, 6	20	2,459.59	122.98	2.857	409.93		1.37
SNF/ICF	0	0	.00	.00	.000	.00	551	.00
OUTPATIENTS	6	20	2,459.59	122.98	2.857	409.93	351	1.37
MEDICAL SUPPLIES	3	269	682.73	2.54	38.429	227.58		7.53
@DENTIST	2	9 \$	20.00	\$ 2.22	1.286 \$			2.86
VISITS - DIAGNOSTIC	2	9	20.00	2.22	1.286	10.00		2.86
ORAL SURGERY	0	0	.00	.00	.000	.00	_	.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN	1 2003 THRU DE	C 2003	PAGE	2,038
MOP024	FEE-FOR-SERVICE/	DENTAL					01,	/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - SOC -	BLIND	AID COI	DE 27			
					MON		-	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS	COST PER	COST	
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIG	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00

0, 221013220	002110	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	3	20 \$	1,596.09	\$ 79.80	2.857 \$	532.03 \$	228.01
HOSP INPATIENT TOTAL	1	0	1,122.55	.00	.000	1122.55	160.36
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	1,607.45CR	.00	.000	.00	229.64CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	808.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	808.85
ANCILLARIES	0	0	7,269.41CR		.000	.00	1038.49CR
INPATIENT CROSSOVERS	1	0	2,730.00	.00	.000	2730.00	390.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	20	473.54	23.68	2.857	236.77	67.65
MEDICAL	2	2	19.42	9.71	.286	9.71	2.77
SURGERY	2	2	185.29	92.65	.286	92.65	26.47
PATHOLOGY	2	7	51.57	7.37	1.000	25.79	7.37

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	145.92	72.96	.286	145.92	20.85
CROSSOVERS/ALL OTH OUTPTNT	1	7	71.34	10.19	1.000	71.34	10.19
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	H-OF-PAYMENT REE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,039
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - SOC - BLI	ND	AID CODE	27		
					MON	THLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20 \$	1,596.09	\$ 79.80	2.857 \$	532.03	\$ 228.01
COMM HOSP INPATIENT TOTAL	1	0	1,122.55	.00	.000	1122.55	160.36
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	1,607.45CR	.00	.000	.00	229.64CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	808.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	808.85
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00	1038.49CR
INPATIENT CROSSOVERS	1	0	2,730.00	.00	.000	2730.00	390.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

0/ ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20 \$,	\$ 79.80	2.857 \$		\$	
COMM HOSP INPATIENT TOTAL	1	0	1,122.55		.000	1122.55		160.36
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	1,607.45CR		.000	.00		229.64CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00		808.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00		808.85
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00		1038.49CR
INPATIENT CROSSOVERS	1	0	2,730.00	.00	.000	2730.00		390.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	20	473.54	23.68	2.857	236.77		67.65
MEDICAL	2	2	19.42	9.71	.286	9.71		2.77
SURGERY	2	2	185.29	92.65	.286	92.65		26.47
PATHOLOGY	2	7	51.57	7.37	1.000	25.79		7.37
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	1	2	145.92	72.96	.286	145.92		20.85
CROSSOVERS/ALL OTH OUTPTNT	1	7	71.34	10.19	1.000	71.34		10.19
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	•	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00
		·					•	

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2 \$	5	29.95	\$ 1	4.98	.286	\$	29.95	\$	4.28
PATHOLOGY	1	2		29.95	1	4.98	.286		29.95		4.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	-PAYMENT RE	PORT FO	R JAN 2	2003 THRU	DEC	2003	PAGE	2,040
MOP024	FEE-FOR-SERVICE/DENTA	L								0:	1/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES F	OR MN - SOC	- BLIND		AI	D CODE	27				

							1-10	OMITTED AVE		
07 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURE	S A	AVERAGE COST	UNITS/DAY:	S COST PE	2	COST PER
		OR DAYS OF CAR	E		E	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$	107.4	8 \$	\$ 10.75	1.429	\$ 21.50) \$	15.35
DURABLE MED. EQUIP.	0	0		.0	0	.00	.000	.00)	.00
BLOOD BANK	0	0		.0	0	.00	.000	.00)	.00
HEARING AID DISPENSERS	0	0		.0	0	.00	.000	.00)	.00
MEDICAL TRANSPORTATION	1	3		19.8	4	6.61	.429	19.84	1	2.83
AMBULANCES/AIR TRANS	0	0		.0	0	.00	.000	.00)	.00
OTHER TRANS	1	3		19.8	4	6.61	.429	19.84	1	2.83
OTHER SERVICES	0	0		.0	0	.00	.000	.00)	.00
ACUPUNCTURE	0	0		.0	0	.00	.000	.00)	.00
ADULT DAY HEALTH CARE CTR	0	0		.0	0	.00	.000	.00)	.00
GENETIC DISEASE TESTING	0	0		.0	0	.00	.000	.00)	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.0	0	.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0		.0	0	.00	.000	.00)	.00
OPTICIAN	0	0		.0	0	.00	.000	.00)	.00
PHYSICAL THERAPIST	0	0		.0	0	.00	.000	.00)	.00
PORTABLE X-RAY	0	0		.0	0	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0		.0	0	.00	.000	.00)	.00
PROSTHETICS	0	0		.0	0	.00	.000	.00)	.00
ORTHOTICS	0	0		.0	0	.00	.000	.00)	.00
PSYCHOLOGIST	0	0		.0	0	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0		.0	0	.00	.000	.00)	.00
HOSPICE SERVICES	0	0		.0	0	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0		.0	0	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0		.0	0	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.0	0	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0		.0	0	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0		.0	0	.00	.000	.00)	.00
ALL OTHER PROVIDERS	4	7		87.6	4	12.52	1.000	21.93	L	12.52
@CALIF. CHILDREN SERVICES*	0	0	\$.0	0 \$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	9	285	\$	3,550.1	5 \$	12.46	40.714	\$ 394.40	5 \$	507.16
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION	TTEM ON	JT.Y;						

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,041 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

986 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,182	15,080 \$	1,985,837.98	\$ 131.69	15.294	\$ 1680.07	\$ 2014.03
@PHYSICIANS SERVICES	268	2,852 \$	71,076.18	\$ 24.92	2.892	\$ 265.21	\$ 72.09
OUTPATIENT VISITS	68	98	4,614.94	47.09	.099	67.87	4.68
OFFICE VISITS	23	30	804.37	26.81	.030	34.97	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	49	3,384.09	69.06	.050	82.54	3.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	19	426.48	22.45	.019	38.77	.43
INPATIENT VISITS	80	612	26,120.56	42.68	.621	326.51	26.49
HOSPITAL VISITS	78	576	23,416.56	40.65	.584	300.21	23.75
CRITICAL CARE	6	18	1,972.20	109.57	.018	328.70	2.00
SNF/ICF/TRANS IP CARE	3	18	731.80	40.66	.018	243.93	.74
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	491	14,838.10	30.22	.498	511.66	15.05
PRINCIPAL SURGEON	25	50	12,204.93	244.10	.051	488.20	12.38

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	441	2,633.17	5.97	.447	263.32	2.67
OUTPATIENT SURGERY	14	23	2,422.33	105.32	.023	173.02	2.46
PRINCIPAL SURGEON	14	23	2,422.33	105.32	.023	173.02	2.46
	0	0			.000		
ASSISTANT SURGEON			.00	.00		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	9	571.05	63.45	.009	285.53	.58
PATHOLOGY	52	617	2,126.97	3.45	.626	40.90	2.16
RADIOLOGY	82	252	10,592.23	42.03	.256	129.17	10.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	43.83	43.83	.001	43.83	.04
OTHER SERVICES/ALL X-OVERS	143	749	9,746.17	13.01	.760	68.16	9.88
@PHARMACY	539	4,788 \$	706,824.29	\$ 147.62		\$ 1311.36	\$ 716.86
PRESCRIPTION DRUGS	530	,	697,702.16	217.83	3.248	1316.42	707.61
		3,203					
SNF/ICF	23	260	12,723.92	48.94	.264	553.21	12.90
OUTPATIENTS	508	2,943	684,978.24	232.75	2.985	1348.38	694.70
MEDICAL SUPPLIES	54	1,585	9,122.13	5.76	1.608	168.93	9.25
@DENTIST	96	445 \$	13,915.00	\$ 31.27	.451	\$ 144.95	\$ 14.11
VISITS - DIAGNOSTIC	59	246	1,737.00	7.06	.249	29.44	1.76
ORAL SURGERY	14	37	1,141.00	30.84	.038	81.50	1.16
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	11	918.00	83.45	.011	83.45	.93
ENDODONTICS	10	12	1,572.00	131.00	.012	157.20	1.59
			•				
RESTORATIVE DENTISTRY	32	94	5,812.00	61.83	.095	181.63	5.89
PROSTHETICS	1	1	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	8	30	2,735.00	91.17	.030	341.88	2.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
TRACETORIC DECLOSARIONS	^	_		0.0	000	0.0	0.0
FRACTURES, DISLOCATIONS	U	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0 0 9	_	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	9	0 13	.00	.00	.000 .013	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	9 MEDI-CAL SERVIO	0 13 CES AND EXPENDITURES	.00	.00	.000 .013	.00	.00 .00 PAGE 2,042
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	9 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 13 CES AND EXPENDITURES 1 E/DENTAL	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN	.000 .013 2003 THRU I	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	9 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 13 CES AND EXPENDITURES	.00 .00 MONTH-OF-PAYMENT RI	.00	.000 .013 2003 THRU I	.00 .00 DEC 2003	.00 .00 PAGE 2,042 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 13 CES AND EXPENDITURES : E/DENTAL VICES FOR MN - SOC -	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (.00 .00 EPORT FOR JAN CODES 65 67 6W	.000 .013 2003 THRU I	.00 .00 DEC 2003	.00 .00 PAGE 2,042 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	9 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 13 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST	.000 .013 2003 THRU I 6Y MC UNITS/DAYS	.00 .00 DEC 2003 ONTHLY AVERA	.00 .00 PAGE 2,042 01/29/04 .GE COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 13 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG	.00 .00 DEC 2003 ONTHLY AVERA G COST PER USER	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9	0 13 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033	.00 .00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 50.86	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001	.00 .00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 50.86 7.41	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07	.00 .00 PAGE 2,042 01/29/04 GE COST PER ELIGIBLE \$.46 .01 .45
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9	0 13 CES AND EXPENDITURES : E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07	.00 .00 PAGE 2,042 01/29/04 GE COST PER ELIGIBLE \$.46 .01 .45
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9	0 13 CES AND EXPENDITURES : E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01 .45
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2 0 \$ 0	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90 .00	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95 \$.00	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002 .000	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90 \$.00	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01 .45 .00 \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2 0 \$ 0 0	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90 .00 .00	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95 \$.00 .00	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002 .000 .000	.00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90 \$.00 .00	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01 .45 .00 \$.00 \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0	0 13 CES AND EXPENDITURES 1 E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2 0 \$ 0 0 5 \$.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90 .00 .00 .00	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95 \$.00 .00 .00 \$ 2.40	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002 .000 .000	.00 .00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90 \$.00 .00 .00	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01 .45 .00 \$.00 \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	9 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0 0 0 4 0	0 13 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2 0 \$ 0 5 \$ 0	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90 .00 .00 .00 .00	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95 \$.00 .00 .00 \$ 2.40 .00	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002 .000 .000 .000	.00 .00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90 \$.00 .00 .00 \$ 3.00 .00	.00 .00 PAGE 2,042 01/29/04 GE COST PER ELIGIBLE \$.46 .01 .45 .00 \$.00 \$.00 \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 9 1 7 1 0 0 0 4 0 0	O 13 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 33 \$ 1 30 2 0 \$ 0 0 5 \$ 0 0	.00 .00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 457.77 7.41 448.46 1.90 .00 .00 .00 .00 .00	.00 .00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 13.87 7.41 14.95 .95 \$.00 .00 .00 \$ 2.40 .00	.000 .013 2003 THRU I 6Y MC UNITS/DAYS PER ELIG .033 .001 .030 .002 .000 .000 .000	.00 .00 DEC 2003 ONTHLY AVERA S COST PER USER \$ 50.86 7.41 64.07 1.90 \$.00 .00 \$.00 \$.00	.00 .00 PAGE 2,042 01/29/04 .GE COST PER ELIGIBLE \$.46 .01 .45 .00 \$.00 \$.00 .00 \$.00
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ADMINISTRATIVE DAYS	8	208	47,031.69	226.11	.211	5878.96	47.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	153	127,384.52	832.58	.155	6065.93	129.19
ANCILLARIES	28	0	351,152.07	.00	.000	12541.15	356.14
INPATIENT CROSSOVERS	16	75	12,273.08	163.64	.076	767.07	12.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	1,508	19,859.28	13.17	1.529	137.91	20.14
MEDICAL	38	58	1,638.50	28.25	.059	43.12	1.66
SURGERY	8	16	244.47	15.28	.016	30.56	.25
PATHOLOGY	37	232	2,127.67	15.28 9.17	.235	57.50	2.16
RADIOLOGY	30	42	2,789.02	66.41	.043	92.97	2.83
ROOM USE	49	71 1,089	2,418.02	34.06	.072	49.35	2.45
CROSSOVERS/ALL OTH OUTPTNT	114	1.089	10,641.60	9.77	1.104	93.35	10.79
@COUNTY HOSPITAL TOTAL	41	206 \$	185,107.01	\$ 898.58		\$ 4514.81	
							186.89
CO HOSPITAL INPATIENT TOTAL	33 31	184	184,277.99	1001.51	.187	5584.18	
HSC HOSPITALS	31	177	180,613.16	1020.41	.180	5826.23	183.18
NON-HSC HOSPITALS TOTAL	1	7	2,905.63	415.09	.007	2905.63	2.95
ACCOMMODATIONS	1	7	1,403.60	200.51	.007	1403.60	1.42
ADMINITORD ACTIVE DAVO	1	, 7	1,403.60	200.51	.007	1403.60	1.42
ADMINISTRATIVE DAYS	Ţ	/					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,502.03	.00	.000	1502.03	1.52
INPATIENT CROSSOVERS	1	0	759.20	.00	.000	759.20	.77
INFAITENT CROSSOVERS	31 1 1 0 0 1 1 0 8 2						
ALL OTHER INPATIENT	Ü	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	22	829.02 126.06	37.68	.022	103.63	.84
MEDICAL	2	3	126.06	42.02	.003	63.03	.13
SURGERY	0	0	0.0	.00	.000	.00	.00
	0	0	.00 .00 .00 459.43				
PATHOLOGY	Ü	U	.00	.00	.000	.00	.00
RADIOLOGY	2	4	107.10	114.86	.004	229.72	.47
ROOM USE	3	3	106.17	35.39	.003	35.39	.11
CROSSOVERS/ALL OTH OUTPTNT	3	12	137.36	11.45	.012	45.79	.14
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		CES AND EXPENDITURES N		EPORT FOR JAN	2003 THRU DI		PAGE 2,043
MOP024	FEE-FOR-SERVICE	CES AND EXPENDITURES N E/DENTAL	MONTH-OF-PAYMENT RI				
	FEE-FOR-SERVICE	CES AND EXPENDITURES N	MONTH-OF-PAYMENT RI				PAGE 2,043
MOP024	FEE-FOR-SERVICE	CES AND EXPENDITURES N E/DENTAL	MONTH-OF-PAYMENT RI		6Y	EC 2003	PAGE 2,043 01/29/04
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC -	MONTH-OF-PAYMENT RI	CODES 65 67 6W	6Y MOI	EC 2003 NTHLY AVERA	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE	MONTH-OF-PAYMENT RI	CODES 65 67 6W	6Y MOI UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 2,043 01/29/04 GE COST PER
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES	CODES 65 67 6W AVERAGE COST PER UNIT/DAY	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19	CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 322.25	6Y MOI UNITS/DAYS PER ELIG 2.043	EC 2003 NTHLY AVERA COST PER USER \$ 3452.24	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93	CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 322.25	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62	CES AND EXPENDITURES NEIGHBORN AND EXPENDITURES NEIGHBORN AND A SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16	6Y MOI UNITS/DAYS PER ELIG 2.043 .535	EC 2003 NTHLY AVERA COST PER USER \$ 3452.24 10161.13	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20	CES AND EXPENDITURES NEIGHBORN AND EXPENDITURES NEIGHBORN AND A SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28	CES AND EXPENDITURES NEDDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16	6Y MOI UNITS/DAYS PER ELIG 2.043 : .535 .100 .359	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28	CES AND EXPENDITURES NEDDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28	CES AND EXPENDITURES NEDDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 28 7 0	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 7 0 21 27	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.666.52 6179.02 6518.30 .00 6065.93 12950.00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 28 7 0 21 27	CES AND EXPENDITURES NEIDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52	6Y MOI UNITS/DAYS PER ELIG 2.043 . .535 .100 .359 .359 .204 .000 .155 .000	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 00 6065.93 12950.00 767.59	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 28 7 0 21 27 15 0	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.666.52 6179.02 6518.30 .00 6065.93 12950.00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 28 7 0 21 27 15 0	CES AND EXPENDITURES NEIDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88 .00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 188 62 20 28 28 28 7 0 21 27 15 0 136	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26 1,512.44	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES ©COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26 1,512.44 244.47	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28	6Y MOI UNITS/DAYS PER ELIG 2.043 535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016	NTHLY AVERA COST PER USER 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8 37	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26 1,512.44 244.47 2,127.67	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES ©COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26 1,512.44 244.47	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28	6Y MOI UNITS/DAYS PER ELIG 2.043 535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016	NTHLY AVERA COST PER USER 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8 37 28	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88 .00 19,030.26 1,512.44 244.47 2,127.67 2,329.59	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8 37 28 46	CES AND EXPENDITURES No. 2 / DENTAL //ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 00 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20 50.26	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 7 0 21 27 15 0 136 36 8 37 28 46 111	CES AND EXPENDITURES No. 2 / DENTAL //ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88 .00 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75	6Y MOI UNITS/DAYS PER ELIG 2.043 535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 06065.93 12950.00 767.59 00 139.93 42.01 30.56 57.50 83.20 50.26 94.63	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34 10.65
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8 37 28 46 111	DES AND EXPENDITURES NEDDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077 0 \$	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88 .00 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24 .00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75 \$.00	6Y MOI UNITS/DAYS PER ELIG 2.043 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092 .000	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.59 .00 83.20 50.26 94.63	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34 10.65 \$.00
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 7 0 21 27 15 0 136 36 8 37 28 46 111	CES AND EXPENDITURES No. 2 / DENTAL //ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 .00 127,384.52 349,650.04 11,513.88 .00 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75	6Y MOI UNITS/DAYS PER ELIG 2.043 535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 06065.93 12950.00 767.59 00 139.93 42.01 30.56 57.50 83.20 50.26 94.63	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34 10.65
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	CES AND EXPENDITURES NEDDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077 0 \$	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 000 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24 000 00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75 \$.00	6Y MOI UNITS/DAYS PER ELIG 2.043 3 .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092 .000 .000	NTHLY AVERA COST PER USER \$ 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20 50.26 94.63 .00	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34 10.65 \$.00
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077 0 \$ 0 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 000 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24 00 00 00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75 \$.00 .00 .00	6Y MOI UNITS/DAYS PER ELIG 2.043 : .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092 .000 .000	NTHLY AVERA COST PER USER 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20 50.26 94.63	PAGE 2,043 01/29/04 GE COST PER ELIGIBLE \$ 658.24 638.94 97.17 530.08 175.47 46.28 .00 129.19 354.61 11.68 .00 19.30 1.53 .25 2.16 2.36 2.34 10.65 \$.00
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 188 62 20 28 28 28 7 0 21 27 15 0 136 36 8 37 28 46 111 0 0 0 0 31	DES AND EXPENDITURES NEIDENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077 0 \$ 0 0 634 \$	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 000 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24 00 00 92,770.96	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75 \$.00 .00 \$ \$ 146.33	6Y MOI UNITS/DAYS PER ELIG 2.043 535 .100 .359 .359 .204 .000 .155 .000 .076 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092 .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20 50.26 94.63 \$.00 .00 .00	PAGE 2,043 01/29/04 GE
MOP024 CONTRA COSTA COUNT 986 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	CES AND EXPENDITURES NE/DENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 2,014 \$ 528 99 354 354 201 0 153 0 75 0 1,486 55 16 232 38 68 1,077 0 \$ 0 0	MONTH-OF-PAYMENT RIDISABLED AID (EXPENDITURES 649,020.19 629,989.93 95,813.40 522,662.65 173,012.61 45,628.09 00 127,384.52 349,650.04 11,513.88 000 19,030.26 1,512.44 244.47 2,127.67 2,329.59 2,311.85 10,504.24 00 00 00	AVERAGE COST PER UNIT/DAY \$ 322.25 1193.16 967.81 1476.45 488.74 227.01 .00 832.58 .00 153.52 .00 12.81 27.50 15.28 9.17 61.31 34.00 9.75 \$.00 .00 .00	6Y MOI UNITS/DAYS PER ELIG 2.043 : .535 .100 .359 .359 .204 .000 .155 .000 .076 .000 1.507 .056 .016 .235 .039 .069 1.092 .000 .000	NTHLY AVERA COST PER USER 3452.24 10161.13 4790.67 18666.52 6179.02 6518.30 .00 6065.93 12950.00 767.59 .00 139.93 42.01 30.56 57.50 83.20 50.26 94.63	PAGE 2,043 01/29/04 GE

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	30		11,466.80		382.23	.030	11466.80		11.63
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	30	604		81,304.16		134.61	.613	2710.14		82.46
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00		\$.00	¢	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
-	0									
ICF DD		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	56		\$	30,130.34	\$	354.47	.086	\$ 538.04	\$	30.56
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	56	85		30,130.34		354.47	.086	538.04		30.56
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	22		\$	2,756.17	\$	24.18	.116	\$ 125.28	\$	2.80
	22	114	Ą	2,756.17	Ą	24.18	.116	125.28	Ą	2.80
PATHOLOGY										
XO AND OTHERS	0	0		.00	4.	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	359		\$	155,997.74	\$	193.07	.819		\$	158.21
CLINIC	10	113		2,352.46		20.82	.115	235.25		2.39
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	352	695		153,645.28		221.07	.705	436.49		155.83
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ls I		ZPORT		003 THRII		P	AGE 2,044
MOP024	FEE-FOR-SERVICE			1014111 01 111111111111 111		1010 01110 2	005 11110	DEC 2005	-	01/29/04
		•		DIGADIED AID	CODEIC	CF C7 C14	CN			01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - SOC	_	DISABLED AID (CODES	W0 / 0 CO		ONTHILL 17 ALTER		
006								ONTHLY AVER		
986 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST				COST PER
		OR DAYS OF CARE				UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	108	3,016	\$	72,680.21	\$		3.059	\$ 672.96	\$	73.71
DURABLE MED. EQUIP.	9	18		930.37		51.69	.018	103.37		.94
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	42	1,044		7,922.66		7.59	1.059	188.63		8.04
AMBULANCES/AIR TRANS	28 13	340		4,242.63		12.48	.345	151.52		4.30
OTHER TRANS	13	699		1,846.94		2.64	.709	142.07		1.87
OTHER SERVICES	2	5		1,833.09		366.62	.005	916.55		1.86
	0	0								
ACUPUNCTURE		_		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	27 0	1,403		37,798.12		26.94	1.423	1399.93		38.33
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	15	37		487.62		13.18	.038	32.51		.49
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ORTHOTICS	1	3								
PSYCHOLOGIST	_			62.39		20.80	.003	62.39		.06
SPEECH AND AUDIOLOGY	1	3		832.24		277.41	.003	832.24		.84
HOSPICE SERVICES	4	167		24,303.50		145.53	.169	6075.88		24.65
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	10	341		343.31		1.01	.346	34.33		.35
@CALIF. CHILDREN SERVICES*	3		\$	324.89CF	, ¢	40.61CR	.008		ים לי	.33CR
@XOVER EXCLUDING STATE HOSP**	204							•		
@XUVER EXCLUDING STATE HOSP**		•	\$ 'E'M	68,945.54	\$	26.97	2.592	\$ 337.97	Ą	69.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,045 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

00111111 000111 000111	DOIMERT OF DELL	, 1020 1011 1111	, , ,	111111111111111111111111111111111111111	011 011 07				
						MON	THLY AVERA	GE	
1,302 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,179	6,013	\$	882,766.80	\$ 146.81	4.618 \$	748.74	\$	678.01
@PHYSICIANS SERVICES	449	2,071	\$	70,147.12	\$ 33.87	1.591 \$	156.23	\$	53.88
OUTPATIENT VISITS	205	248		11,641.68	46.94	.190	56.79		8.94
OFFICE VISITS	57	76		2,513.34	33.07	.058	44.09		1.93
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	145	152		8,600.38	56.58	.117	59.31		6.61
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2	14		366.59	26.19	.011	183.30		.28

OTHER OUTPATIENT	5	6		161.37		26.90	.005		32.27		.12
INPATIENT VISITS	90	347		18,981.12		54.70	.267		210.90		14.58
HOSPITAL VISITS	83	295		13,119.26		44.47	.227		158.06		10.08
CRITICAL CARE	12	48		5,644.36		117.59	.037		470.36		4.34
CRITICAL CARE SNF/ICF/TRANS IP CARE ODHTHALMOLOGICAL SERVICES	1	4		217.50		54.38	.003		217.50		.17
OPHTHALMOLOGICAL SERVICES	2	3		111.45		37.15	.002		55.73		.09
EXAMINATIONS	2	3		111.45		37.15	.002		55.73		.09
SERVICES AND MATERIALS	0	3 0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	50	255		.00 17,356.24		68.06	.196		347.12		13.33
PRINCIPAL SURGEON	35	42		12,556.50		298.96	.032		358.76		9.64
ASSISTANT SURGEON	7	7		812.31		116.04	.005		116.04		.62
ANESTHESIOLOGIST	17	206		3,987.43		19.36	.158		234.55		3.06
OUTPATIENT SURGERY	27	88		2,808.63		31.92	.068		104.02		2.16
PRINCIPAL SURGEON	24	25		1,558.50		62.34	.019		64.94		1.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	63		1,250.13		19.84	.048		312.53		.96
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	112	747		3,255.24		4.36	.574		29.06		2.50
RADIOLOGY	123	255		10,782.44		42.28	.196		87.66		8.28
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	6		177.97		29.66	.005		35.59		.14
OTHER SERVICES/ALL X-OVERS	74	122		5,032.35		41.25	.094		68.00		3.87
@PHARMACY	125	352	\$	32,517.45	\$	92.38	.270	\$	260.14	\$	24.98
PRESCRIPTION DRUGS	123	343		31,979.64		93.24	.263		260.00		24.56
SNF/ICF	1	18		236.49		13.14	.014		236.49		.18
OUTPATIENTS	122	325		31,743.15		97.67	.250		260.19		24.38
MEDICAL SUPPLIES	7	9		537.81		59.76	.007		76.83		.41
@DENTIST	124	696	\$	15,878.50	\$	22.81	.535	\$	128.05	\$	12.20
VISITS - DIAGNOSTIC	87	385		1,593.00		4.14	.296		18.31		1.22
ORAL SURGERY	22	58		2,450.00		42.24	.045		111.36		1.88
DRUGS	3	4		50.00		12.50	.003		16.67		.04
ANESTHESIA	1	1 3		100.00		100.00	.001		100.00		.08
PERIODONTICS	3	3		243.00		81.00	.002		81.00		.19
ENDODONTICS	15	31		3,570.50		115.18	.024		238.03		2.74
RESTORATIVE DENTISTRY	47	172		7,677.00		44.63	.132		163.34		5.90
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		75.00		37.50	.002		37.50		.06
SPACE MAINTAINERS	2	2		120.00		60.00	.002		60.00		.09
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	20		.00		.00	.015		.00		.00
ALL OTHER SERVICES	9	18		.00		.00	.014		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 2,046
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - SOC	- C	FAMILIES AID CODE	5R 6	R 37					
							M	ONTI	HLY AVERA	GE	
1,302 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12	30	\$	632.10	\$	21.07	.023	\$	52.68	\$.49
DIAGNOSTIC AND ANC. PROCED	9	9		354.67		39.41	.007		39.41		. 27

					1.1014	11111 1 11 1 11 11 11 11	
1,302 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	12	30 \$	632.10	\$ 21.07	.023 \$	52.68	\$.49
DIAGNOSTIC AND ANC. PROCED	9	9	354.67	39.41	.007	39.41	.27
EYE APPLIANCES	6	21	277.43	13.21	.016	46.24	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0 \$	}	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10		284.00	Ė	28.40	.008		142.00	\$.22
NURSE MIDWIFE	0	0 \$.00	Š	.00	.000	Š	.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 8		.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0 8	!	.00	Ġ	.00	.000		.00		.00
@TOTAL HOSPITAL	334	1,694	,		ب ب				1747.05		
			583	3,514.09	Ş	344.46				Ş	448.17
HOSP INPATIENT TOTAL	96	352		3,774.64		1573.22 971.24	.270		5768.49		425.33
HSC HOSPITALS	58	172		7,053.03		971.24	.132		2880.22		128.30
NON-HSC HOSPITAL TOTAL	38	180	386	5,721.61		2148.45	.138		0176.88		297.02
ACCOMMODATIONS	38	180	130	710.38		726.17	.138		3439.75		100.39
ADMINISTRATIVE DAYS	2	12	2	2,775.60		231.30	.009		1387.80		2.13
TRANSITIONAL IP CARE	0	0		.00		231.30 .00	.000		.00		.00
ALL OTHER ACCOM	37	168	125	7,934.78		761.52	.129		3457.70		98.26
ANCILLARIES	38	0		5,011.23		.00	.000		6737.14		196.63
INPATIENT CROSSOVERS	0	0	250	.00		.00	.000		.00		.00
	0	0				.00					
ALL OTHER INPATIENT		1 240	0.0	.00			.000		.00		.00
HOSP OUTPATIENT TOTAL	243	1,342		739.45		22.16	1.031		122.38		22.84
MEDICAL	62	81]	L,776.54		21.93	.062		28.65		1.36
SURGERY	22	23		352.74		15.34	.018		16.03		.27
PATHOLOGY	112	544	4	1,240.52		7.80	.418		37.86		3.26
RADIOLOGY	94	168	14	1,016.19		83.43	.129		149.11		10.77
ROOM USE	213	245	6	5,275.63		25.61	.188		29.46		4.82
CROSSOVERS/ALL OTH OUTPTNT		281		3,077.83		10.95	.216		21.83		2.36
@COUNTY HOSPITAL TOTAL	37	122		1,400.37	Ś			Ġ.	2281.09	Ś	64.82
CO HOSPITAL INPATIENT TOTAL		94		3,327.01	Υ	886.46	.072		2603.97	Ψ.	64.00
	32	94									
HSC HOSPITALS			8.3	3,327.01		886.46	.072		2603.97		64.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	28	1	L,073.36		38.33	.022		214.67		.82
MEDICAL	5	0	ال ا	.00		.00	.000		.00		.00
	0										
SURGERY	1	1		51.44		51.44	.001		51.44		.04
PATHOLOGY	2	10		156.74		15.67	.008		78.37		.12
RADIOLOGY	1	3		414.54		138.18	.002		414.54		.32
ROOM USE	4	7		377.94		53.99	.005		94.49		.29
CROSSOVERS/ALL OTH OUTPTNT	4	7		72.70		10.39	.005		18.18		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-E	PAYMENT R	EPOR	r for Jan	2003 THRU	DEC :	2003	PP	AGE 2,047
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT		ICES FOR MN - SOC	- FAMILIES	ATD CODE	5R (SR 37					01/25/01
CONTINI CODIII COOMI	Sommer of Shirt	read rott rity boo	1111111111	TIED CODE	510	310 37	N	(ONTH	I.V AWERA	GE -	
1,302 ELIGIBLES	USERS	UNITS OF SERVICE	rvor.	NDITURES	7\ 7.71	בסאכב כספיד	UNITS/DAY				COST PER
I, 30Z EDIGIBLES	OSERS		EXPE	NDITUKES			PER ELIC		USER		CLIGIBLE
OCOMMUNITARY HOODITAL TOTAL	207	OR DAYS OF CARE	400	112 70							
@COMMUNITY HOSPITAL TOTAL	297	1,572		9,113.72	\$				1680.52		
COMM HOSP INPATIENT TOTAL	64	258					.198				
HSC HOSPITALS	26	78		3,726.02		1073.41	.060		3220.23		64.31
NON-HSC HOSPITALS TOTAL	38	180	386	5,721.61		2148.45	.138	1	0176.88		297.02
ACCOMMODATIONS	38	180	130	710.38		726.17	.138		3439.75		100.39
ADMINISTRATIVE DAYS	2	12	2	2,775.60		231.30	.009		1387.80		2.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	168	125	7,934.78		761.52	.129		3457.70		98.26
ANCILLARIES	38	0		5,011.23		.00	.000		6737.14		196.63
			∠50					,			
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	= =	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	238	1,314		3,666.09		21.82	1.009		120.45		22.02
MEDICAL	62	81	1	L,776.54		21.93	.062		28.65		1.36

SURGERY	21	22		301.30		13.70	.017		14.35		.23
PATHOLOGY	110	534		4,083.78		7.65	.410		37.13		3.14
RADIOLOGY	93	165		13,601.65		82.43	.127		146.25		10.45
ROOM USE	209	238		5,897.69		24.78	.183		28.22		4.53
CROSSOVERS/ALL OTH OUTPTNT		274		3,005.13		10.97	.210		21.94		2.31
@STATE HOSPITAL	0	0		.00	\$.00	.000	Ċ	.00	\$.00
MENTALLY ILL	0	0		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	175	\$	12,406.19	\$	70.89		Ġ	6203.10	Ġ	9.53
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	175		12,406.19	4.	70.89	.134		6203.10	4.	9.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34	144	\$	2,092.16	\$	14.53	.111	Ś	61.53	Ś	1.61
PATHOLOGY	34	144		2,092.16	•	14.53	.111	•	61.53		1.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	369	556		156,743.81	\$	281.91	.427	Ś		\$	120.39
CLINIC	2	8	٧	495.14	٧	61.89	.006	~	247.57	~	.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	367	548		156,248.67		285.13	.421		425.75		120.01
#CALIF DEPT OF HEALTH SERV			דווסניכ	MONTH-OF-PAYMENT F	ים חחם			רשכ		D	AGE 2,048
MOP024	FEE-FOR-SERVICE		TOKES	MONIH-OF-PAIMENI R	CEPOR	I FOR UAN	2003 IRO 1		2003	Ρ.	01/29/04
CONTRA COSTA COUNT			COC	EAMILIES AID CODE	7 ED	6D 27					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MIN -	SOC -	FAMILIES AID CODE	s ok	OR 3/	7.00	`\TITI		aп	
1 200 FF TGTPI FG	Hanna	INITEG OF GERLI	T C D		7. 7. 7		MO				
1,302 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAY:	5 (COST PER
		OR DAYS OF CA		0 551 20			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	53	285	\$	8,551.38	\$	30.00	.219	Ş	161.35	Ş	6.57
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	32	222		7,609.98		34.28	.171		237.81		5.84
AMBULANCES/AIR TRANS	31	194		3,960.24		20.41	.149		127.75		3.04
OTHER TRANS	1	26		49.74		1.91	.020		49.74		.04
OTHER SERVICES	2	2		3,600.00		1800.00	.002		1800.00		2.76
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.001		105.00		.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	11	23		238.39		10.36	.018		21.67		.18
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
	0	0									
PSYCHOLOGIST SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
SEECU WND WODIOFORI	U	Ü		.00		.00	.000		.00		.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	39	598.01	15.33	.030	59.80	.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	103	\$ 22,234.20	\$ 215.87	.079	\$ 1588.16	\$ 17.08
@XOVER EXCLUDING STATE HOSP**	1	5	\$ 16.97	\$ 3.39	.004	\$ 16.97	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,049
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - TOTAL

CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MN - SOC - T	O'I'AL				
0 540					MON		
2,743 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,891	31,156 \$	3,520,690.06	\$ 113.00	11.358 \$	1217.81	\$ 1283.52
@PHYSICIANS SERVICES	778	5,173 \$		\$ 28.44	1.886 \$		
OUTPATIENT VISITS	278	351	16,602.81	47.30	.128	59.72	6.05
OFFICE VISITS	81	107	3,345.94	31.27	.039	41.31	1.22
HOME VISITS	778 278 278 81 0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		205	12,302.43	60.01	.075	64.75	4.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	14	366.59	26.19	.005	183.30	.13
OTHER OUTPATIENT	16	25	587.85	23.51	.009	36.74	.21
INPATIENT VISITS	172	974	45,684.20	46.90	.355	265.61	16.65
HOSPITAL VISITS	163	886	37,118.34	41.89	.323	227.72	13.53
CRITICAL CARE	18	66	7,616.56	115.40	.024	423.14	2.78
SNF/ICF/TRANS IP CARE	4	22	949.30	43.15	.008	237.33	.35
OPHTHALMOLOGICAL SERVICES	2	3	111.45	37.15	.001	55.73	.04
EXAMINATIONS	2	3	111.45	37.15	.001	55.73	.04
SERVICES AND MATERIALS	2 0 79 60 7	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	746	32,194.34	43.16	.272	407.52	11.74
PRINCIPAL SURGEON	60	92	24,761.43	269.15	.034	412.69	9.03
ASSISTANT SURGEON	7	7	812.31	116.04	.003	116.04	.30
ANESTHESIOLOGIST	27	647	6,620.60	10.23	.236	245.21	2.41
OUTPATIENT SURGERY	44	117	5,448.78	46.57	.043	123.84	1.99
PRINCIPAL SURGEON	40	50	4,066.68	81.33	.018	101.67	1.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	67	1,382.10	20.63	.024	276.42	.50
DIALYSIS	2	9	571.05	63.45	.003	285.53	.21
PATHOLOGY	165	1,365	5,392.54	3.95	.498	32.68	1.97
RADIOLOGY	211	538	23,333.60	43.37	.196	110.59	8.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	7	221.80	31.69	.003	36.97	.08
OTHER SERVICES/ALL X-OVERS	270	1,063	17,552.11	16.51	.388	65.01	6.40
@PHARMACY	961	7,411 \$	846,407.33	\$ 114.21	2.702 \$		
PRESCRIPTION DRUGS	944	5,051	835,043.32	165.32	1.841	884.58	304.43
SNF/ICF	153	1,164	49,743.56	42.74	.424	325.12	18.13
OUTPATIENTS	795	3,887	785,299.76	202.03	1.417	987.80	286.29
MEDICAL SUPPLIES	74	2,360	11,364.01	4.82	.860	153.57	4.14
@DENTIST	265	1,374 \$	39,832.50	\$ 28.99	.501 \$		
VISITS - DIAGNOSTIC	175	731	3,923.00	5.37	.266	22.42	1.43
ORAL SURGERY	49	159	5,890.00	37.04	.058	120.20	2.15
DRUGS	49	5	50.00	10.00	.002	120.20	.02
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.02
PERIODONTICS	16	16	1,479.00	92.44	.001	92.44	.54
ENDODONTICS ENDODONTICS	28	46	5,142.50	111.79	.017	183.66	1.87
FINDODOMITCS	40	40	5,142.50	111./9	.01/	103.00	1.0/

RESTORATIVE DENTISTRY	85	292	14,388.00	49.27	.106	169.27	5.25
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	26	62	8,640.00	139.35	.023	332.31	3.15
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.04
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	20	.00	.00	.007	.00	.00
ALL OTHER SERVICES	23	38	.00	.00	.014	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,050
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - SOC - TO	TAL				
					MON'	THLY AVERAG	GE
2,743 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	25	74 \$	1,268.74	\$ 17.15	.027 \$	50.75	\$.46
DIAGNOSTIC AND ANC. PROCED	10	10	362.08	36.21	.004	36.21	.13

EYE APPLIANCES	16	59		863.91		14.64	.022		53.99		.31
OTHER OPTOMETRIC SERVICES	3	5		42.75		8.55	.002		14.25		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	28	\$	213.07	\$	7.61	.010	\$	9.69	\$.08
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	22	28		213.07		7.61	.010		9.69		.08
@HOME HEALTH AGENCY	4	80	\$	5,090.12	\$	63.63	.029	\$	1272.53		1.86
NURSE ANESTHESIST	2	10	\$	284.00	\$	28.40	.004	\$		\$.10
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	604	4,228	\$	1,453,938.89	\$	343.88		\$		\$	530.05
HOSP INPATIENT TOTAL	209	1,167		1,396,826.06		1196.94	.425		6683.38		509.23
HSC HOSPITALS	111	462		454,116.59		982.94	.168		4091.14		165.55
NON-HSC HOSPITAL TOTAL	67	541		910,682.44		1683.33	.197		13592.28		332.00
ACCOMMODATIONS	67	541		310,788.55		574.47	.197		4638.64		113.30
ADMINISTRATIVE DAYS	10	220		49,807.29		226.40	.080		4980.73		18.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	58	321		260,981.26		813.03	.117		4499.68		95.14
ANCILLARIES	66	0		599,893.89		.00	.000		9089.30		218.70
INPATIENT CROSSOVERS	32	164		32,027.03		195.29	.060		1000.84		11.68
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	415	3,061		57,112.83		18.66	1.116		137.62		20.82
MEDICAL	104	142		3,462.28		24.38	.052		33.29		1.26
SURGERY	32	41		782.50		19.09	.015		24.45		. 29
PATHOLOGY	156	805		6,645.62		8.26	.293		42.60		2.42
RADIOLOGY	130 266	277 321		21,462.99		77.48 27.80	.101		165.10		7.82 3.25
ROOM USE CROSSOVERS/ALL OTH OUTPTNT				8,925.14 15,834.30		10.74	.117 .538		33.55 56.75		3.25 5.77
@COUNTY HOSPITAL TOTAL	81	1,475 341	\$	282,615.38	بغ	828.78		بع	3489.08	ċ,	103.03
CO HOSPITAL INPATIENT TOTAL		291	Ą	280,713.00	Ą	964.65	.106	Ą	4128.13	Ą	103.03
HSC HOSPITALS	64	277		269,600.17		973.29	.101		4212.50		98.29
NON-HSC HOSPITALS TOTAL	1	7		2,905.63		415.09	.003		2905.63		1.06
ACCOMMODATIONS	1	7		1,403.60		200.51	.003		1403.60		.51
ADMINISTRATIVE DAYS	1	7		1,403.60		200.51	.003		1403.60		.51
TRANSITIONAL IP CARE	0	Ó		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,502.03		.00	.000		1502.03		.55
INPATIENT CROSSOVERS	3	7		8,207.20		1172.46	.003		2735.73		2.99
ALL OTHER INPATIENT	0 13	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	50		1,902.38		38.05	.018		146.34		.69
MEDICAL	2	3		126.06		42.02	.001		63.03		.05
SURGERY	1	1		51.44		51.44	.000		51.44		.02
PATHOLOGY	2	10		156.74		15.67	.004		78.37		.06
RADIOLOGY	3	7		873.97		124.85	.003		291.32		.32
ROOM USE	7	10		484.11		48.41	.004		69.16		.18
CROSSOVERS/ALL OTH OUTPTNT	7	19		210.06		11.06	.007		30.01		.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 2,051
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MN - S	OC -	TOTAL							
							M				
2,743 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
	F.0.0	OR DAYS OF CAR		1 151 000 51		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	530	3,887	\$	1,171,323.51	\$	301.34	1.417	\$		\$	427.02
COMM HOSP INPATIENT TOTAL	143	876		1,116,113.06		1274.10	.319		7804.99		406.90
HSC HOSPITALS	48	185		184,516.42		997.39	.067		3844.09		67.27

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	66	534		907,776.81		1699.96	.195		13754.19		330.94
ACCOMMODATIONS	66	534		309,384.95		579.37	.195		4687.65		112.79
ADMINISTRATIVE DAYS	9	213		48,403.69		227.25	.078		5378.19		17.65
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	58	321		260,981.26		813.03	.117		4499.68		95.14
ANCILLARIES	65	0		598,391.86		.00	.000		9206.03		218.15
INPATIENT CROSSOVERS	30	157		598,391.86 23,819.83		.00 151.72	.057		793.99		8.68
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	402	3,011		.00 55,210.45		18.34	1.098		137.34		20.13
MEDICAL	102	139		3,336.22		24.00	.051		32.71		1.22
SURGERY	31	40		731.06		.00 18.34 24.00 18.28	.015		23.58		.27
PATHOLOGY	154	795		6,488.88		8.16	.290		42.14		2.37
RADIOLOGY	127	270		20,589.02		76.26	.098		162.12		7.51
ROOM HISE	259	211		8,441.03		27.14	.113		32.59		3.08
CROSSOVERS/ALL OTH OUTPTNT	272	1,456		15,624.24		10.73	.531		57.44		5.70
@STATE HOSDITAI.	2,2	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
MENTALLY II.I.	0	0		.00	٧	.00	.000	Y	.00	Y	.00
DEMETOD DICABLED	0	0		.00		.00	.000		.00		.00
ONIDCING FACTITTY	174	1 596	\$	555,848.14	Ġ	120.94	1.676	Ġ	3194.53	Ġ	202.64
I.FV A_TNTEPMEDIATE	7 7 3	240	Y	15,097.90	Ÿ	62.91	.087	Ÿ	5032.63	Ÿ	5.50
IEV A-INIENMEDIALE	2	240		4,716.27		120.93	.014		2358.14		1.72
I.FV B-SIBACUTE EPEESTANDING	0	0		.00		.00	.000		.00		.00
IEV D-SUBACUTE PREESTANDING	1	3.0		11,466.80		382.23	.011		11466.80		4.18
IEV B-SUBACUIE HSFIL BASED	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	160	0 4,596 240 39 0 30 0 4,287		524,567.17		122.36	1.563		3122.42		191.24
SINTEDMEDIATE CADE EACH DD	100	4,207	\$.00	\$.00		ċ.	.00	بغ	.00
TOP DDU	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDD	0	0		.00		.00	.000		.00		.00
ICF DDM / DDCM	0	0				.00	.000		.00		.00
AUEMODIALVETE TOTAL	63	92	Ġ		\$.034	ċ.		بغ	12.13
MUCDIMAI DACED	03	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	63										12.13
PENODIALISIS CENIER	0.3	92	4	33,203.70	بخ	201.20	.034	Ċ.	.00	۲,	.00
WKENABILITATION FACILITY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
TADEDENDENE EVOLUTEA	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U E 0	261	4	4 970 21	بخ	10 60	.000	Ċ.	84.13	۲,	1.78
WLABORATORY FACILITY	50 F7	261	Ą	4,079.31	Ą	10.09	.095	Ą	04.13	Ą	1.78
PAIHOLOGY	5 / 1	260		4,8/8.28		1 02	.095		1 02		.00
XU AND OTHERS	1	1 426	4	1.03	à	1.03	.000	4	1.03	4	
@ORGANIZED OUTPATIENT CLINIC	//6	1,436	Ş	321,926.72	Ş	224.18	.524	Ş	414.85	Ş	117.36
CLINIC	13	123		2,916.01		23.71	.045		224.31		1.06
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	1 212		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	/66	1,313	D = 0	319,010./1		242.96	.4/9	550	416.46	_	116.30
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP0 24	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	KEPOK.I.	FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 2,052
		,									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - S	UC -	- TOTAL				ONT.		a =	
2 742 FLIGIDLES	HOEDC	INITEG OF GERIA	-	ENDENDIMINE	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOGE	M				
2,743 ELIGIBLES	USERS 238	UNITS OF SERVIC		EXPENDITURES							COST PER
@ALL OTHER PROVIDERS	220	OR DAYS OF CAR		110.622.78			PER ELIG		USER		ELIGIBLE
WALL OIDER PROVIDERS	4.58	0.393	5	TTU.077.18	5	1/.3U	4.331	5	404.80	5	40.55

					1.1014	111111 1 1111111111	J 11
2,743 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	238	6,393 \$	110,622.78	\$ 17.30	2.331 \$	464.80	\$ 40.33
DURABLE MED. EQUIP.	15	116	5,649.02	48.70	.042	376.60	2.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,332.12	444.04	.001	444.04	.49
MEDICAL TRANSPORTATION	96	2,174	19,744.38	9.08	.793	205.67	7.20
AMBULANCES/AIR TRANS	62	541	8,549.59	15.80	.197	137.90	3.12
OTHER TRANS	30	1,576	5,529.98	3.51	.575	184.33	2.02
OTHER SERVICES	9	57	5,664.81	99.38	.021	629.42	2.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	188	13,044.32	69.38	.069	1304.43	4.76
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.04

IHMC, MODEL-NF, NF, AIDS, MSSP	27	1,403			37,798.12	26.94	.511	1399.93	13.78	
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00	
OPTICIAN	33	73			912.92	12.51	.027	27.66	.33	
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2			1.73	.87	.001	1.73	.00	
PROSTHETIST/ORTHOTISTS	1	2			45.98	22.99	.001	45.98	.02	
PROSTHETICS	1	2			45.98	22.99	.001	45.98	.02	
ORTHOTICS	0	0			.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	3			62.39	20.80	.001	62.39	.02	
SPEECH AND AUDIOLOGY	6	12			3,199.83	266.65	.004	533.31	1.17	
HOSPICE SERVICES	7	187			26,731.84	142.95	.068	3818.83	9.75	
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	10	39			598.01	15.33	.014	59.80	.22	
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	30	2,190			1,397.12	.64	.798	46.57	.51	
@CALIF. CHILDREN SERVICES*	17	111	\$		21,909.31	\$ 197.38	.040	\$ 1288.78	\$ 7.99	
@XOVER EXCLUDING STATE HOSP**	356	5,407	\$		128,235.91	\$ 23.72	1.971	\$ 360.21	\$ 46.75	
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE	TNEODMATION	TTFM	ONIT.V:						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,053 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

CONTRA COSTA COUNT	SUMMAKI OF SEK	ATCES FOK MIN - POIN	2 I.D.	KM CARE - AGED	AID CODE	13		
						MO1	NTHLY AVERA	GE
14,858 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,568	713,146	5	48,260,403.25	\$ 67.67	47.997	\$ 3312.77	\$ 3248.11
@PHYSICIANS SERVICES	1,266	2,512	5	32,962.51	\$ 13.12	.169	\$ 26.04	\$ 2.22
OUTPATIENT VISITS	6	6		348.28	58.05	.000	58.05	.02
OFFICE VISITS	2	2		106.40	53.20	.000	53.20	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		241.88	60.47	.000	60.47	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	47	142		5,179.01	36.47	.010	110.19	.35
HOSPITAL VISITS	6	70		2,957.85	42.26	.005	492.98	.20
CRITICAL CARE	1	1		121.60	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	43	71		2,099.56	29.57	.005	48.83	.14
OPHTHALMOLOGICAL SERVICES	8	12		412.22	34.35	.001	51.53	.03
EXAMINATIONS	8	12		412.22	34.35	.001	51.53	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4		208.41	52.10	.000	69.47	.01
PRINCIPAL SURGEON	3	4		208.41	52.10	.000	69.47	.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	7	12		277.67	23.14	.001	39.67	.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,211	2,336		26,536.92	11.36	.157	21.91	1.79
@PHARMACY	11,512	94,454	5	3,300,763.41	\$ 34.95	6.357	•	
PRESCRIPTION DRUGS	11,473	67,527		3,258,013.69	48.25	4.545	283.97	219.28

SNF/ICF	11,082	65,381		3,213,478.14		49.15	4.400		289.97		216.28
OUTPATIENTS	581	2,146		44,535.55		20.75	.144		76.65		3.00
MEDICAL SUPPLIES	520	26,927		42,749.72		1.59	1.812		82.21		2.88
@DENTIST	852	2,298	\$	80,531.75	\$	35.04		\$	94.52	Ġ	5.42
VISITS - DIAGNOSTIC	739	1,787	Y	30,422.25	۲	17.02	.120	Y	41.17	Y	2.05
ORAL SURGERY	41	127		4,891.00		38.51	.009		119.29		.33
DRUGS	0	0		.00		.00	.009		.00		.00
	4	4		400.00		100.00	.000		100.00		.03
ANESTHESIA	72	-									
PERIODONTICS		72		2,481.00		34.46	.005		34.46		.17
ENDODONTICS	1	2		520.00		260.00	.000		520.00		.03
RESTORATIVE DENTISTRY	12	33		1,445.00		43.79	.002		120.42		.10
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	148	262		40,312.50		153.86	.018		272.38		2.71
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	9		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU I	DEC	2003	P	AGE 2,054
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - LO	NG	TERM CARE - AGED		AID CODE	13				
							MO	TNC	HLY AVERA	GE	
14,858 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	s (COST PER		COST PER
	0.0	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	222	642	\$	11,055.54	\$	17.22	.043	Ś	49.80		.74
DIAGNOSTIC AND ANC. PROCED	5	5	٧	237.25	٧	47.45	.000	٧	47.45	٧	.02
EYE APPLIANCES	201	597		10,220.00		17.12	.040		50.85		.69
OTHER OPTOMETRIC SERVICES	21	40		598.29		14.96	.003		28.49		.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
VISITS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2,069	2,871	\$	10,949.59	\$	3.81	.193	\$	5.29	\$.74
	2,069	2,071	Ą		Ą	.00	.000	Ą	.00	Ą	.00
MEDICINE/INJECTIONS	0	0		.00							
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	•		.00		.00	.000		.00		.00
OTHER	2,069	2,871	_	10,949.59		3.81	.193	_	5.29	_	.74
@HOME HEALTH AGENCY	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		2	Ş	34.60	\$	17.30	.000	\$	17.30	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	427	2,943	\$	305,147.71	\$	103.69	.198	\$		\$	20.54
HOSP INPATIENT TOTAL	179	1,316		277,179.25		210.62	.089		1548.49		18.66
HSC HOSPITALS	7	47		44,366.23		943.96	.003		6338.03		2.99
NON-HSC HOSPITAL TOTAL	5	147		47,671.86		324.30	.010		9534.37		3.21
ACCOMMODATIONS	5	147		26,538.09		180.53	.010		5307.62		1.79
ADMINISTRATIVE DAYS	4	145		26,075.49		179.83	.010		6518.87		1.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		462.60		231.30	.000		462.60		.03
ANCILLARIES	4	0		21,133.77		.00	.000		5283.44		1.42
INPATIENT CROSSOVERS	168	1,122		185,141.16		165.01	.076		1102.03		12.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	264	1 627		27 968 46		17 19	110		105 94		1 88

0

2

53

3

0

104

1,569

1,627

.00

17.19

41.02

10.93

64.06

.00

17.28

465.55

\$

27,968.46

.00

27,115.11

48,417.05

82.04

579.13

192.18

.00

.110

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.106

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41.02

36.20

96.09

.00

110.22

.007 \$ 3227.80 \$

105.94

.00

.01

.04

.01

.00

1.82

3.26

1.88

0

2

16

2

0

246

15

264

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

HSC HOSPITALS	CO HOSPITAL INPATIENT TOTAL	11	96	48,404.98	504.22	.006	4400.45	3.26
ACCOMMODATIONS 2 17 3,932.10 231.30 .001 1966.05 .26 ADMINISTRATIVE DAYS 2 17 3,932.10 231.30 .001 1966.05 .26 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .000 .00 .00 ANCILLARIES 2 0 0 2,991.89 .00 .000 1495.95 .20 INPATIENT CROSSOVERS 5 40 4,200.00 105.00 .003 840.00 .28 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 4 8 12.07 1.51 .001 3.02 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	4	39	37,280.99	955.92	.003	9320.25	2.51
ADMINISTRATIVE DAYS 2 17 3,932.10 231.30 .001 1966.05 .26 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 2 0 2.991.89 .00 .00 .00 1495.95 .20 INPATIENT CROSSOVERS 5 40 4,200.00 105.00 .003 840.00 .28 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 4 8 12.07 1.51 .001 3.02 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	2	17	6,923.99	407.29	.001	3462.00	.47
TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	ACCOMMODATIONS	2	17	3,932.10	231.30	.001	1966.05	.26
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	2	17	3,932.10	231.30	.001	1966.05	. 26
ANCILLARIES 2 0 2,991.89 .00 .000 1495.95 .20 INPATIENT CROSSOVERS 5 40 4,200.00 105.00 .003 840.00 .28 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 5 40 4,200.00 105.00 .003 840.00 .28 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 4 8 12.07 1.51 .001 3.02 .00 MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANCILLARIES	2	0	2,991.89	.00	.000	1495.95	.20
CO HOSP OUTPATIENT TOTAL 4 8 12.07 1.51 .001 3.02 .00 MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	5	40	4,200.00	105.00	.003	840.00	.28
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00	CO HOSP OUTPATIENT TOTAL	4	8	12.07	1.51	.001	3.02	.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	.00
	PATHOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	.00
	ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 4 12.07 8 1.51 .001 3.02 .00

CROSSOVERS/ALL OTH OUTPTNT		8	12.07		.001 3.02	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DEC 2003	PAGE 2,055
MOP024	FEE-FOR-SERVICE	I/DENTAL				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR MN - LON	G TERM CARE - AGED	AID COD	E 13	
					MONTHLY AVER	AGE
14,858 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVERAGE COST	T UNITS/DAYS COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAT		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	413 169		\$ 256,730.66		.191 \$ 621.62	
COMM HOSP INPATIENT TOTAL	169	1,220	228,774.27		.082 1353.69	15.40
HSC HOSPITALS	3	8	7,085.24		.001 2361.75	.48
NON-HSC HOSPITALS TOTAL	4	130	40,747.87		.009 10186.97	
ACCOMMODATIONS	4	130			.009 5651.50	
ACCOMMODATIONS	4	130	22,605.99			
ADMINISTRATIVE DAYS	3 4 4 3 0 1 3 163	128	22,143.39			1.49
TRANSITIONAL IP CARE	U	Ü	.00		.000 .00	
ALL OTHER ACCOM	1	2	462.60		.000 462.60	.03
ANCILLARIES	3	0	18,141.88		.000 6047.29	1.22
INPATIENT CROSSOVERS	163	1,082	180,941.16		.073 1110.07	12.18
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	U	.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	260	1,619	27,956.39		.109 107.52	
MEDICAL	Λ	0	.00	.00	.000 .00	.00
SURGERY	2	2	82.04	41.02	.000 41.02	.01
PATHOLOGY	16	53	579.13	10.93	.004 36.20	.04
RADIOLOGY	2	3	192.18	64.06	.000 96.09	.01
ROOM USE	0	2 53 3 0	.00		.000 .00	.00
	242	1,561	27,103.04		.105 112.00	1.82
@STATE HOSPITAL	0	1,301	\$.00		.000 \$.00	
MENTALLY ILL	0	0	.00		.000 .00	.00
MENIADDI TOD	0	0	.00		.000 .00	.00
DEVELOP. DISABLED	12 003					
@NURSING FACILITY	14,993	•	\$ 43,350,276.71		26.872 \$ 3336.43	
LEV A-INTERMEDIATE	242 0 0 0 12,993 3 26 14	157	6,551.38		.011 2183.79	. 44
LEV B-REHAB MD	26	824	83,989.44		.055 3230.36	5.65
LEV B-SUBACUTE FREESTANDING	14	397	150,637.60		.027 10759.83	10.14
DEV D SODACOIE HSFIL DASED	18	918	388,772.85		.062 21598.49	26.17
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000 .00	.00
LEV B-REGULAR	12,945	918 0 396,975 44	42,720,325.44	107.61	26.718 3300.14	2875.24
@INTERMEDIATE CARE FACILDD	3	44	\$ 6,031.38	3 \$ 137.08	.003 \$ 2010.46	\$.41
ICF DDH	3	44	6,031.38	137.08	.003 2010.46	.41
ICF DD	0	0	.00	.00	.000 .00	.00
ICF DDN/DDCN	0	0	.00		.000 .00	.00
@HEMODIALYSIS TOTAL	79		\$ 44,472.13		.007 \$ 562.94	
HOSDITAL BASED	, ,	0	.00	•	.000 .00	.00
HEMODIALVCIC CENTER	79	102	44,472.13		.007 562.94	2.99
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	, ,		\$.00		.000 \$.00	
WEDADILITATION FACILITY	0	0	.00	•	.000 \$.00	.00
HOSPIIAL BASED	0	_				
INDEPENDENT FACILITY	0	0	.00		.000 .00	.00
@LABORATORY FACILITY	12		\$ 155.16		.002 \$ 12.93	
		11	81.61		.001 40.81	.01
XO AND OTHERS	10	17	73.55		.001 7.36	.00
@ORGANIZED OUTPATIENT CLINIC	136		\$ 24,079.40		.013 \$ 177.05	
CLINIC	33	33	681.17		.002 20.64	.05
SURGICENTER	3	5	696.76	139.35	.000 232.25	.05
HEROIN DETOX CLINIC	0	0	.00		.000 .00	.00
RURAL HEALTH CLINIC	101	151	22,701.47		.010 224.77	
#CALIF DEPT OF HEALTH SERV					2003 THRU DEC 2003	PAGE 2,056
MOP024	FEE-FOR-SERVICE				2.2 2 220 2003	01/29/04
CONTRA COSTA COUNT			G TERM CARE - AGED	AID COD	र 13	02/20/01
CONTINU CODITA COOM	COLUMN TO OF DERV	TODO TOR PRIVE LION	C ILIUI CIME AGED	AID COD	MONTHLY AVER	AGE
14,858 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ב אוודף אפד פספי	I UNITS/DAYS COST PER	COST PER
14,000 5117615159	CALCU		EVLENDIIOKES			
CALL OFFICE PROFITEERS	2.400	OR DAYS OF CARE	4 1 000 040 0	PER UNIT/DAY	Y PER ELIG USER	ELIGIBLE

207,790 \$ 1,093,943.36 \$ 5.26 13.985 \$ 455.81 \$ 73.63

2,400

@ALL OTHER PROVIDERS

DURABLE MED. EQUIP.	434	3,061		263,960.50	86.23	.206	608.20	17.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	27		2,314.47	85.72	.002	105.20	.16
MEDICAL TRANSPORTATION	782	21,606		104,123.08	4.82	1.454	133.15	7.01
AMBULANCES/AIR TRANS	66	377		7,895.84	20.94	.025	119.63	.53
OTHER TRANS	678	20,918		93,221.81	4.46	1.408	137.50	6.27
OTHER SERVICES	73	311		3,005.43	9.66	.021	41.17	.20
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		40.60	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	237	503		6,574.11	13.07	.034	27.74	.44
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	172	294		753.33	2.56	.020	4.38	.05
PROSTHETIST/ORTHOTISTS	4	17		256.13	15.07	.001	64.03	.02
PROSTHETICS	3	16		220.37	13.77	.001	73.46	.01
ORTHOTICS	1	1		35.76	35.76	.000	35.76	.00
PSYCHOLOGIST	13	13		316.92	24.38	.001	24.38	.02
SPEECH AND AUDIOLOGY	114	242		30,010.99	124.01	.016	263.25	2.02
HOSPICE SERVICES	205	5,519		617,320.81	111.85	.371	3011.32	41.55
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	640	176,508		68,272.42	.39	11.880	106.68	4.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	4,627	146,723	\$	944,712.27	\$ 6.44	9.875	\$ 204.17	\$ 63.58
* TOTAL THE THEOR TIMES AND STA	יים או מודים או מודים או האים		TUDIN O	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,057
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

				MON'	THLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
22	799 \$	80,415.92	\$ 100.65	39.950 \$	3655.27	\$ 4020.80
8	8 \$	240.23	\$ 30.03	.400 \$	30.03	\$ 12.01
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		OR DAYS OF CARE	OR DAYS OF CARE 22	OR DAYS OF CARE PER UNIT/DAY 22 799 \$ 80,415.92 \$ 100.65 8 8 \$ 240.23 \$ 30.03 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td> USERS</td> <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 22 799 \$ 80,415.92 \$ 100.65 39.950 \$ 3655.27 8 8 \$ 240.23 \$ 30.03 440 \$ 30.03 0 0 .00 .00 .00 .00 .000 .000 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .000 .000 .000 .00 .00 0 0 .00 .000 .000 .000 .0</td>	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 22 799 \$ 80,415.92 \$ 100.65 39.950 \$ 3655.27 8 8 \$ 240.23 \$ 30.03 440 \$ 30.03 0 0 .00 .00 .00 .00 .000 .000 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .000 .000 .000 .00 .00 0 0 .00 .000 .000 .000 .0

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	8		240.23		30.03	.400		30.03		12.01
@PHARMACY	15	163	\$	10,583.26	\$	64.93	8.150	\$	705.55	\$	529.16
PRESCRIPTION DRUGS	15	163		10,583.26		64.93	8.150		705.55		529.16
SNF/ICF	15	163		10,583.26		64.93	8.150		705.55		529.16
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	3	\$	80.00	\$	26.67	.150	\$	40.00	\$	4.00
VISITS - DIAGNOSTIC	2	3		80.00		26.67	.150		40.00		4.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONT	TH-OF-PAYMENT REI	PORT	FOR JAN 2003	THRU I	ЭEС	2003	PA	GE 2,058
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	MN - Lo	ONG TERM	M CARE - BLIND		AID CODE 23					

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 .00 NURSE ANESTHESIST 0 .00 \$.00 .000 .00 \$.00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 0 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 10 201.57 20.16 201.57 10.08 .500 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .000 HSC HOSPITALS 0 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	10	201.57	20.16	.500	201.57	10.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	10	201.57	20.16	.500	201.57	10.08
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,059
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	R MN - LONG	TERM CARE - BLIND	AID CODE			
					MONT	HLY AVERAC	GE

						Mo	TMC	HLY AVERA	GE ·	
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:	S	COST PER	(COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	10	\$ 201.57	\$	20.16	.500	\$	201.57	\$	10.08
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	10	201.57		20.16	.500		201.57		10.08
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	10	201.57		20.16	.500		201.57		10.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	9	242	\$ 14,954.93	\$	61.80	12.100	\$	1661.66	\$	747.75
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00

LEV B-REGULAR	9	242	14,954.93	61.80	12.100	1661.66	747.75
@INTERMEDIATE CARE FACILDD	12	365	\$ 53,353.85	\$ 146.17	18.250	\$ 4446.15	\$ 2667.69
ICF DDH	12	365	53,353.85	146.17	18.250	4446.15	2667.69
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 144.10	\$ 144.10	.050	\$ 144.10	\$ 7.21
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	144.10	144.10	.050	144.10	7.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2,060
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES F	OR MN - LONG	TERM CARE - BLIND	AID CODE	23		

MONTHIII V ATTEDACE

					MON	THLY AVERAGE	·
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	7 \$	857.98	\$ 122.57	.350 \$	171.60	42.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	725.00	362.50	.100	725.00	36.25
MEDICAL TRANSPORTATION	1	2	18.95	9.48	.100	18.95	.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	2	18.95	9.48	.100	18.95	.95
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	114.03	38.01	.150	38.01	5.70
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	8	18 \$	520.72	\$ 28.93	.900 \$	65.09	26.04
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	TE INFORMATION ITEM (ONT.Y;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 2,061 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES 2,911 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,963 12,734,332.75 140.507 \$ 4297.78 \$ 4374.56 @TOTAL, ALL PROVIDERS 409,017 31.13 29.38 .853 \$ 144.16 \$ @PHYSICIANS SERVICES 506 2,483 72,944.90 25.06 OUTPATIENT VISITS 39 47 2,515.11 53.51 .016 64.49 .86 .004 OFFICE VISITS 11 567.80 51.62 63.09 .20 HOME VISITS 5 5 240.70 48.14 .002 48.14 .08 EMERGENCY ROOM 21 24 1.530.99 63.79 .008 72.90 . 53 0 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 .00 .00 .00 0 .00 .000 OB VISITS/COMPRE PERI OTHER OUTPATIENT 7 7 175.62 25.09 .002 25.09 .06 169 1,096 42,596.77 38.87 252.05 INPATIENT VISITS .377 14.63 .295 62 858 31,473.08 36.68 507.63 10.81 HOSPITAL VISITS CRITICAL CARE 9 42 4,862.10 115.76 .014 540.23 1.67

SNF/ICF/TRANS IP CARE	116	196		6,261.59		31.95	.067		53.98		2.15
OPHTHALMOLOGICAL SERVICES	4	4		148.74		37.19	.001		37.19		.05
EXAMINATIONS	4	4		148.74		37.19	.001		37.19		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	24	75		6,184.90		82.47	.026		257.70		2.12
INPATIENT HOSPITAL SURGERY											
PRINCIPAL SURGEON	18	37		5,221.84		141.13	.013		290.10		1.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	7	38		963.06		25.34	.013		137.58		.33
OUTPATIENT SURGERY	9	42		1,488.24		35.43	.014		165.36		.51
PRINCIPAL SURGEON	5	5		578.69		115.74	.002		115.74		.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	37		909.55		24.58	.013		181.91		.31
DIALYSIS	11	58		3,888.13		67.04	.020		353.47		1.34
PATHOLOGY	17	206		637.85		3.10	.071		37.52		.22
RADIOLOGY	45	199		6,270.26		31.51	.068		139.34		2.15
	0	199									
PSYCHIATRY				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.000		13.76		.00
OTHER SERVICES/ALL X-OVERS	327	755		9,201.14		12.19	.259		28.14		3.16
@PHARMACY	2,532	34,283	\$	1,293,304.92	\$	37.72	11.777	\$		\$	444.28
PRESCRIPTION DRUGS	2,519	17,218		1,274,639.92		74.03	5.915		506.01		437.87
SNF/ICF	2,227	15,759		1,148,868.48		72.90	5.414		515.88		394.66
OUTPATIENTS	402	1,459		125,771.44		86.20	.501		312.86		43.21
MEDICAL SUPPLIES	190	17,065		18,665.00		1.09	5.862		98.24		6.41
@DENTIST	187	619	\$	24,928.18	\$	40.27	.213	Ś	133.31	Ś	8.56
VISITS - DIAGNOSTIC	148	397	٧	6,285.00	٧	15.83	.136	Y	42.47	Y	2.16
	24	99							126.76		
ORAL SURGERY				3,042.18		30.73	.034				1.05
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	4	4		300.00		75.00	.001		75.00		.10
PERIODONTICS	16	19		2,228.00		117.26	.007		139.25		.77
ENDODONTICS	3	11		3,075.00		279.55	.004		1025.00		1.06
RESTORATIVE DENTISTRY	20	49		3,503.00		71.49	.017		175.15		1.20
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	15	38		6,495.00		170.92	.013		433.00		2.23
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	1	1		.00		.00					
ALL OTHER SERVICES							.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV			KES N	MONTH-OF-PAYMENT RE	POK.I.	FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 2,062
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - LO	ONG I	TERM CARE - DISABLE	ED	AID CODE					
							M			GE.	
2,911 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	64	155	\$	2,975.72	\$	19.20	.053	\$	46.50	\$	1.02
DIAGNOSTIC AND ANC. PROCED	17	17		703.09		41.36	.006		41.36		.24
EYE APPLIANCES	46	133		2,204.25		16.57	.046		47.92		.76
OTHER OPTOMETRIC SERVICES	3	5		68.38		13.68	.002		22.79		.02
@CHIROPRACTOR	0	0	Ġ		\$.00	.000	Ġ	.00	Ġ	.00
	0	ŭ	Ą		Ą			Ą		Ą	
VISITS		0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000	4.	.00		.00
@PODIATRIST	310	416	\$	2,067.19	\$	4.97	.143	\$	6.67	\$.71
MEDICINE/INJECTIONS	3	3		94.65		31.55	.001		31.55		.03
SURGERY/ANES.	8	9		106.50		11.83	.003		13.31		.04
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	300	404		1,866.04		4.62	.139		6.22		.64
@HOME HEALTH AGENCY	6	27	\$	1,975.11	\$	73.15	.009	\$	329.19	\$.68
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	-	0	\$.00	Š	.00	.000	Š	.00	\$.00
I DIMINIC NONDE FRACILITONER	. 0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	244	1,945	\$	1,051,169.21	\$	540.45	.668	\$ 4308.07	\$	361.10
HOSP INPATIENT TOTAL	60	884	•	1,028,054.23		1162.96	.304	17134.24		353.16
HSC HOSPITALS	18	242		290,817.01		1201.72	.083	16156.50		99.90
NON-HSC HOSPITAL TOTAL	15	374		645,182.16		1725.09	.128	43012.14		221.64
ACCOMMODATIONS	15	374		174,351.29		466.18	.128	11623.42		59.89
ADMINISTRATIVE DAYS	7	169		33,406.25		197.67	.058	4772.32		11.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	15 7 0 8 15	205		140,945.04		687.54	.070	17618.13		48.42
ANCILLARIES	15	0		470,830.87		.00	.000	31388.72		161.74
INPATIENT CROSSOVERS	28	268		92,055.06		343.49	.092	3287.68		31.62
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	193	1,061		23,114.98		21.79	.364	119.77		7.94
MEDICAL	6	7		170.18		24.31	.002	28.36		.06
SURGERY	3	3		187.11		62.37	.001	62.37		.06
PATHOLOGY	71	417		3,592.85		8.62	.143	50.60		1.23
RADIOLOGY	71 15	24		5,024.14		209.34	.008	334.94		1.73
ROOM USE	19	25		945.66		37.83	.009	49.77		.32
CROSSOVERS/ALL OTH OUTPTNT	113	585		13,195.04		22.56	.201	116.77		4.53
@COUNTY HOSPITAL TOTAL	27	171	\$	177,465.66	\$	1037.81	.059	\$ 6572.80	\$	60.96
CO HOSPITAL INPATIENT TOTAL	15	146		177,226.73		1213.88	.050	11815.12		60.88
HSC HOSPITALS	11	101		116,960.00		1158.02	.035	10632.73		40.18
NON-HSC HOSPITALS TOTAL	1	45		27,056.52		601.26	.015	27056.52		9.29
ACCOMMODATIONS	1	45		10,408.50		231.30	.015	10408.50		3.58
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.015	10408.50		3.58
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		16,648.02		.00	.000	16648.02		5.72
INPATIENT CROSSOVERS	3	0		33,210.21		.00	.000	11070.07		11.41
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	12	25		238.93		9.56	.009	19.91		.08
MEDICAL	1	1		28.06		28.06	.000	28.06		.01
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	6		97.02		16.17	.002	97.02		.03
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		34.74		34.74	.000	34.74		.01
CROSSOVERS/ALL OTH OUTPTNT	11	17		79.11		4.65	.006	7.19		.03
	MEDI-CAL SERVICES AND	EXPENDITURI	ES MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2003	Ρź	AGE 2,063
	FEE-FOR-SERVICE/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	R MN - LOI	NG TER	M CARE - DISABLE	ED	AID CODE				
2 011 DITGIDI DA								ONTHLY AVERA		
	TIGED G INTERC	OD ODDITTOD								

USERS 2,911 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 221 1,774 873,703.55 \$ 492.50 .609 \$ 3953.41 \$ 300.14 738 1152.88 292.28 COMM HOSP INPATIENT TOTAL 45 850,827.50 .254 18907.28 7 141 173,857.01 1233.03 .048 24836.72 59.72 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 329 618,125.64 1878.80 .113 44151.83 212.34 ACCOMMODATIONS 14 329 163,942.79 498.31 .113 11710.20 56.32 124 22,997.75 185.47 3832.96 7.90 ADMINISTRATIVE DAYS 6 .043 0 0 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM 8 205 140,945.04 687.54 .070 17618.13 48.42 ANCILLARIES 14 0 454,182.85 .00 .000 32441.63 156.02 INPATIENT CROSSOVERS 25 268 58,844.85 219.57 .092 2353.79 20.21 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 22,876.05 COMM HOSP OUTPATIENT TOTAL 182 1,036 22.08 .356 125.69 7.86 5 28.42 6 142.12 23.69 .002 .05 MEDICAL SURGERY 3 3 187.11 62.37 .001 62.37 .06 70 3,495.83 49.94 PATHOLOGY 411 8.51 .141 1.20 .008 RADIOLOGY 15 24 5,024.14 209.34 334.94 1.73 ROOM USE 18 24 910.92 37.96 .008 50.61 .31

CROSSOVERS/ALL OTH OUTPTNT 102 568 13,115.93 23.09 .195 128.59	0.0
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 2,022 61,369 \$ 7,748,683.95 \$ 126.26 21.082 \$ 3832.19 \$ 266	.86
LEV A-INTERMEDIATE 12 365 23,966.84 65.66 .125 1997.24	. 23
LEV B-REHAB MD 180 5,527 626,798.27 113.41 1.899 3482.21 21	.32
LEV B-SUBACUTE FREESTANDING 1 81 32,031.38 395.45 .028 32031.38 1	.00
LEV B-SUBACUTE HSPTL BASED 69 2,262 979,054.89 432.83 .777 14189.20 33	.33
	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REGULAR 1,763 53,134 6,086,832.57 114.56 18.253 3452.54 209	.98
	. 25
ICF DDH 418 12,943 1,741,401.13 134.54 4.446 4166.03 59	.21
ICF DDI 12,943 1,741,401.13 134.34 4.440 4100.03 39 1CF DD 0 0.00 .00 .00 .00 .00 ICF DDN/DDCN 88 2,554 442,576.66 173.29 .877 5029.28 15	.00
ICF DDN/DDCN 88 2,554 442,576.66 173.29 .877 5029.28 15	.04
@HEMODIALYSIS TOTAL 32 174 \$ 23,559.69 \$ 135.40 .060 \$ 736.24 \$.09
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 32 174 \$ 23,559.69 \$ 135.40 .060 \$ 736.24 \$ HOSPITAL BASED 0 0 .00	.09
@REHABILITATION FACILITY 3 15 \$ 198.74 \$ 13.25 .005 \$ 66.25 \$.07
HOSPITAL BASED 1 6 76.91 12.82 .002 76.91	.03
INDEPENDENT FACILITY 2 9 121.83 13.54 .003 60.92	.04
@LABORATORY FACILITY 21 153 \$ 1,843.11 \$ 12.05 .053 \$ 87.77 \$.63
PATHOLOGY 21 153 1,843.11 12.05 .053 87.77	.63
XO AND OTHERS 0 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 173 247 \$ 47,525.08 \$ 192.41 .085 \$ 274.71 \$ 1	.33
CLINIC 2 2 135.89 67.95 .001 67.95	.05
SURGICENTER 0 0 0 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 171 245 47,389.19 193.43 .084 277.13 1	.28
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	2,064
	29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63	
MONTHLY AVERAGE	

					MON	ITHLY AVERA	JE
2,911 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	767	291,634 \$	279,179.16	\$.96	100.183 \$	363.99	\$ 95.90
DURABLE MED. EQUIP.	125	1,271	127,962.66	100.68	.437	1023.70	43.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	800.00	160.00	.002	160.00	.27
MEDICAL TRANSPORTATION	242	8,983	49,469.96	5.51	3.086	204.42	16.99
AMBULANCES/AIR TRANS	64	588	9,394.64	15.98	.202	146.79	3.23
OTHER TRANS	175	8,316	39,583.46	4.76	2.857	226.19	13.60
OTHER SERVICES	18	79	491.86	6.23	.027	27.33	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	54	126	1,450.13	11.51	.043	26.85	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	34	68	622.77	9.16	.023	18.32	.21
PROSTHETIST/ORTHOTISTS	2	7	866.91	123.84	.002	433.46	.30
PROSTHETICS	2	7	866.91	123.84	.002	433.46	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	40	116	1,685.32	14.53	.040	42.13	.58
SPEECH AND AUDIOLOGY	71	170	9,854.78	57.97	.058	138.80	3.39
HOSPICE SERVICES	8	315	35,500.68	112.70	.108	4437.59	12.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	1,904	11,572.29	6.08	.654	428.60	3.98
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	287	278,669		39,393.66		.14	95.730		137.26		13.53
@CALIF. CHILDREN SERVICES*	6	25	\$	2,923.03	\$	116.92	.009	\$	487.17	\$	1.00
@XOVER EXCLUDING STATE HOSP**	855	17,067	\$	251,791.41	\$	14.75	5.863	\$	294.49	\$	86.50
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION	ITEM (ONLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPRO	PRIATE DETAIL	LINES	S ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE D	ETAIL LINES A	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT :	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,065
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	S FOR MN - L	ONG TI	ERM CARE - FAMILIE	ES D	ISCONTIN	UED				
							M	IONTH	LY AVERA	GE -	
00 ELIGIBLES	USERS UN	ITS OF SERVIC	E	EXPENDITURES	AVER.	AGE COST	UNITS/DAY	S C	OST PER	C	COST PER
	C	R DAYS OF CAR	E		PER	JNIT/DAY	PER ELIG	ł	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	4	.00	4	.00	.000		.00	4	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ü	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Ŏ	0	.00	.00	.000	.00	.00
	0	0 \$.000 \$		\$.00
@DENTIST	0	т т	.00	\$.00			
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0				.00	
SPACE MAINTAINERS	0	0	.00	.00	.000		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,066
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MN - LONG T	ERM CARE - FAMILII	ES DISCONTIN	UED		
					MONTH	ILY AVERAG	E
00 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	COST PER	COST PER
** =======	0.0==.10	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 \$.00	.00
	0	0			.000	.00	.00
EYE APPLIANCES	•		.00	.00			
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 4	.00	\$.00	.000 \$		\$.00
	0	U Ş		•			•
NURSE MIDWIFE	Ü	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	Ü	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0			.000		
	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 4					
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	U		.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	ŭ	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,067
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - FAMILIE	ES DISCONTIN	UED		
			-		MONT	HLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITEDACE COCT	UNITS/DAYS		COST PER
AA FITGIDIES	CALCU		EVE FINDT I OKE?				
- GOVERNMENT 110 CT	2	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	ŭ	•	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
	0	0						
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
	7	0						
CROSSOVERS/ALL OTH OUTPTNT	. U	0	.00	.00	.000	.00	4.	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	•	.00
LEV B-REHAB MD	Ô	0	.00	.00	.000	.00		.00
	, 0	0	.00		.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00				
LEV B-SUBACUTE HSPTL BASED	Ü	Ü	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	-	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
	0	_					d	
@HEMODIALYSIS TOTAL	0	- 1	.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	Ü	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	Ψ	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
	0	-					ė.	
@ORGANIZED OUTPATIENT CLINIC	U	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE	2,068
MOP024	FEE-FOR-SERVICE							./29/04
CONTRA COSTA COUNT		ICES FOR MN - LONG TER	N CARE - FAMILIE	S DISCONTINU	IED		0 -	., _, , , , ,
CONTIGUE CODETT COOM	BOILING OF BEILT	Telle For The Lone Fer		D DIDCONTING	MONTH	II.V AWEDAG	ir	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		PER
OO EDIGIDES	ONEKS		EXPENDITORES					
	0	OR DAYS OF CARE	0.0		PER ELIG	USER		FIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
	0	0						.00
OTHER SERVICES	0	·	.00	.00	.000	.00		
ACUPUNCTURE	U	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	Ö	.00	.00	.000	.00		.00
1111010111 1111111111111111111111111111	O	0	.00	.00	.000	.00		.00

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0	0		.00		.00	.000	.00	.00
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0	0		.00		.00	.000	.00	.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
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^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,069
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

						MIDLI AVERA	
17,789 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17,553	1,122,962	\$ 61,075,151.92	\$ 54.39	63.127	\$ 3479.47	\$ 3433.31
@PHYSICIANS SERVICES	1,780	5,003	\$ 106,147.64	\$ 21.22	.281	\$ 59.63	\$ 5.97
OUTPATIENT VISITS	45	53	2,863.39	54.03	.003	63.63	.16
OFFICE VISITS	11	13	674.20	51.86	.001	61.29	.04
HOME VISITS	5	5	240.70	48.14	.000	48.14	.01
EMERGENCY ROOM	25	28	1,772.87	63.32	.002	70.91	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	7	175.62	25.09	.000	25.09	.01
INPATIENT VISITS	216	1,238	47,775.78	38.59	.070	221.18	2.69
HOSPITAL VISITS	68	928	34,430.93	37.10	.052	506.34	1.94
CRITICAL CARE	10	43	4,983.70	115.90	.002	498.37	.28
SNF/ICF/TRANS IP CARE	159	267	8,361.15	31.32	.015	52.59	.47
OPHTHALMOLOGICAL SERVICES	12	16	560.96	35.06	.001	46.75	.03
EXAMINATIONS	12	16	560.96	35.06	.001	46.75	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	75	6,184.90	82.47	.004	257.70	.35
PRINCIPAL SURGEON	18	37	5,221.84	141.13	.002	290.10	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	38	963.06	25.34	.002	137.58	.05
OUTPATIENT SURGERY	12	46	1,696.65	36.88	.003	141.39	.10
PRINCIPAL SURGEON	8	9	787.10	87.46	.001	98.39	.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	37	909.55	24.58	.002	181.91	.05
DIALYSIS	11	58	3,888.13	67.04	.003	353.47	.22
PATHOLOGY	17	206	637.85	3.10	.012	37.52	.04
RADIOLOGY	52	211	6,547.93	31.03	.012	125.92	.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	1,546	3,099	35,978.29	11.61	.174	23.27	2.02
@PHARMACY	14,059	128,900	\$ 4,604,651.59	\$ 35.72	7.246	\$ 327.52	\$ 258.85
PRESCRIPTION DRUGS	14,007	84,908	4,543,236.87	53.51	4.773	324.35	255.40
SNF/ICF	13,324	81,303	4,372,929.88	53.79	4.570	328.20	245.82
OUTPATIENTS	983	3,605	170,306.99	47.24	.203	173.25	9.57
MEDICAL SUPPLIES	710	43,992	61,414.72	1.40	2.473	86.50	3.45
@DENTIST	1,041	•	\$ 105,539.93		.164		\$ 5.93

VISITS - DIAGNOSTIC	889	2,187	36,787.25	16.82	.123	41.38	2.07
ORAL SURGERY	65	226	7,933.18	35.10	.013	122.05	.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	8	8	700.00	87.50	.000	87.50	.04
PERIODONTICS	88	91	4,709.00	51.75	.005	53.51	.26
ENDODONTICS	4	13	3,595.00	276.54	.001	898.75	.20
RESTORATIVE DENTISTRY	32	82	4,948.00	60.34	.005	154.63	.28
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	163	300	46,807.50	156.03	.017	287.16	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	10	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2003 THRU DEC	2003	PAGE 2,070
MOP024	FEE-FOR-SERVICE/DENTA						01/29/04

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MN - LONG T	ERM CARE - TOTAL				
					MON'		E
17,789 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	286	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	286	797 \$	14,031.26	\$ 17.61	.045 \$		
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	22	22	940.34	42.74	.001	42.74	.05
EYE APPLIANCES	247	730	12,424.25	17.02	.041	50.30	.70
OTHER OPTOMETRIC SERVICES	24	45	666.67	14.81	.003	27.78	.04
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	13,016.78 94.65	.00	.000	.00	.00
@PODIATRIST	2,379	3,287 \$	13,016.78	\$ 3.96	.185 \$	5.47	\$.73
MEDICINE/INJECTIONS	. 3	3	94.65	31.55	.000	31.55	.01
SURGERY/ANES.	8	9	106.50	11.83	.001	13.31	.01
RADIO./PATHOLOGY	0	0	0.0	0.0	.000	.00	.00
OTHER	2.369	3.275	12.815.63	3.91	.184	5.41	.72
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	2,335	3 9 0 3,275 27 \$ 0 \$ 0 \$ 2 \$ \$ 4,898 \$	12,815.63 1,975.11	\$ 73.15	.002 \$		
NUIDER AMEGTHESIST	0	7 0 \$.00	\$.00	.000 \$		
NURSE MIDWIFE	0	U 4	.00	\$.00	.000 \$.00	
DEDIATRIC MIDGE DRACTITIONER	9	2 \$	34.60	\$ 17.30	.000 \$	17.30	•
FAMILY NUDGE DDAGTTTONED	2	2 ş	.00	\$ 17.30	.000 \$.00	
FAMILY NURSE PRACTITIONER	672	۷ ۶ ۷ ۵ ۵ ۵	1 356 510 40				
@IOIAL HOSPIIAL	072	4,898 Ş	1,356,518.49		.275 \$		
HOSP INPATIENT TOTAL	239	2,200	1,305,233.48	593.29	.124	5461.23	73.37
HSC HOSPITALS	25	289	335,183.24	1159.80	.016	13407.33	18.84
NON-HSC HOSPITAL TOTAL	20	521	692,854.02	1329.85	.029	34642.70	38.95
ACCOMMODATIONS	20	521	200,889.38	385.58	.029	10044.47	11.29
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	11	2,200 289 521 521 314 0 207 0	59,481.74	189.43	.018	5407.43	3.34
TRANSITIONAL IP CARE	0	0	.00 141,407.64	.00	.000	.00	.00
ALL OTHER ACCOM	9	207		683.13	.012	15711.96	7.95
ANCILLARIES	19	0	491,964.64 277,196.22	.00	.000	25892.88	27.66
INPATIENT CROSSOVERS	196	1,390	277,196.22	199.42	.078	1414.27	15.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	458	0 2,698 7 5 470 27 25 2,164 275 \$.00 51,285.01 170.18	19.01	.152	.00 111.98	2.88
MEDICAL	6	7	170.18	24 21	.000	28.36	.01
SURGERY	5	5	269.15	53.83	.000	53.83	.02
PATHOLOGY	87	470	4,171.98	8.88	.026	47.95	.23
RADIOLOGY	17	27	5,216.32	193.20	.002	306.84	. 29
ROOM USE	19	25	945.66	37.83	.001	49.77	.05
		2.164	40,511.72	18.72	.122	112.53	2.28
@COUNTY HOSPITAL TOTAL	42	275 \$	225,882.71	\$ 821.39		5378.16	
CO HOSPITAL INPATIENT TOTAL	26	242	225,631.71	932.36	.014	8678.14	12.68
HSC HOSPITALS	360 42 26 15 3 3 0 0	242 140 62 62 62 62 0 0 40	154,240.99	1101.72	.008	10282.73	8.67
NON-HSC HOSPITALS TOTAL	3	62	33,980.51	548.07	.003	11326.84	1.91
ACCOMMODATIONS	3	62	14,340.60	231.30	.003	4780.20	.81
ADMINISTRATIVE DAYS	3	62	14,340.60	231.30	.003	4780.20	.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00 19,639.91	.00	.000	6546.64	1.10
ANCIDLARIES	3	4.0	37,410.21	935.26	.002	4676.28	2.10
INPATIENT CROSSOVERS	0	40	37,410.21				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSE OUTERITEMI TOTAL	10	33	231.00	7.61	.002	15.69	.01
MEDICAL	1	1	28.06	28.06	.000	28.06	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	97.02	16.17	.000	97.02	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.74	34.74	.000	34.74	.00
CROSSOVERS/ALL OTH OUTPTNT	15	25	91.18	3.65	.001	6.08	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN :	2003 THRU DEC	C 2003	PAGE 2,071
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	דוו	HLY AVERA	CF	
17,789 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER	.01	COST PER
1.,.05 22101222	002110	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	635	4,623	\$	1,130,635.78	\$	244.57			1780.53	\$	63.56
COMM HOSP INPATIENT TOTAL	214	1,958	•	1,079,601.77	•	551.38	.110	·	5044.87		60.69
HSC HOSPITALS	10	149		180,942.25		1214.38	.008		18094.23		10.17
NON-HSC HOSPITALS TOTAL	18	459		658,873.51		1435.45	.026		36604.08		37.04
ACCOMMODATIONS	18	459		186,548.78		406.42	.026		10363.82		10.49
ADMINISTRATIVE DAYS	9	252		45,141.14		179.13	.014		5015.68		2.54
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	207		141,407.64		683.13	.012		15711.96		7.95
ANCILLARIES	17	0		472,324.73		.00	.000		27783.81		26.55
INPATIENT CROSSOVERS	188	1,350		239,786.01		177.62	.076		1275.46		13.48
ALL OTHER INPATIENT	0	2,330		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	443	2,665		51,034.01		19.15	.150		115.20		2.87
MEDICAL	5	6		142.12		23.69	.000		28.42		.01
SURGERY	5	5		269.15		53.83	.000		53.83		.02
PATHOLOGY	86	464		4,074.96		8.78	.026		47.38		.23
RADIOLOGY	17	27		5,216.32		193.20	.002		306.84		.29
ROOM USE	18	24		910.92		37.96	.001		50.61		.05
CROSSOVERS/ALL OTH OUTPTNT		2,139		40,420.54		18.90	.120		117.16		2.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15,024	460,882	\$	51,113,915.59	\$	110.90	25.908	\$	3402.15	\$	2873.34
LEV A-INTERMEDIATE	15,021	522	٧	30,518.22	Y	58.46	.029	Y	2034.55	٧	1.72
LEV B-REHAB MD	206	6,351		710,787.71		111.92	.357		3450.43		39.96
LEV B-SUBACUTE FREESTANDING		478		182,668.98		382.15	.027		12177.93		10.27
LEV B-SUBACUTE HSPTL BASED	87	3,180		1,367,827.74		430.13	.179		15722.16		76.89
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14,717	450,351		48,822,112.94		108.41	25.316		3317.40		2744.51
@INTERMEDIATE CARE FACILDD	521	15,906	\$	2,243,363.02	\$			Ġ	4305.88	\$	126.11
ICF DDH	433	13,352	Y	1,800,786.36	Y	134.87	.751	Y	4158.86	Ÿ	101.23
ICF DD	0	13,332		.00		.00	.000		.00		.00
ICF DDN/DDCN	88	2,554		442,576.66		173.29	.144		5029.28		24.88
@HEMODIALYSIS TOTAL	111	276	\$	68,031.82	\$	246.49		\$	612.90	\$	3.82
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	111	276		68,031.82		246.49	.016		612.90		3.82
@REHABILITATION FACILITY	3	15	\$	198.74	\$	13.25	.001	Ś	66.25	\$.01
HOSPITAL BASED	1	6	٧	76.91	Y	12.82	.000	Y	76.91	٧	.00
INDEPENDENT FACILITY	2	9		121.83		13.54	.001		60.92		.01
@LABORATORY FACILITY	33	181	\$	1,998.27	\$	11.04		\$	60.55	\$.11
PATHOLOGY	23	164	٧	1,924.72	Υ	11.74	.009	٧	83.68	٧	.11
XO AND OTHERS	10	17		73.55		4.33	.001		7.36		.00
@ORGANIZED OUTPATIENT CLINIC	310	437	\$	71,748.58	\$	164.18		\$	231.45	\$	4.03
CLINIC	35	35	٧	817.06	Υ	23.34	.002	٧	23.34	٧	.05
SURGICENTER	3	5		696.76		139.35	.000		232.25		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	273	397		70,234.76		176.91	.022		257.27		3.95
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	as M		ZPOR'			DEC		F	PAGE 2,072
MOP024	FEE-FOR-SERVICE		10 1.		JI 010.	1 1010 01110 2	1005 IIIICO	200	. 2005	-	01/29/04
CONTRA COSTA COUNT		ICES FOR MN - LON	лс т	ERM CARE - TOTAL							01/25/01
CONTINE COSTE COOM	Bornanci di Blicv	TODO FOR THE LOT	10 1				M	TMO	HIY AVERA	GE	
17,789 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
17,707 22101222	02210	OR DAYS OF CARE		2111 2113 2 1 0112 5		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,172	499,431	\$	1,373,980.50	\$	2.75	28.075		433.16	Ś	77.24
DURABLE MED. EQUIP.	559	4,332	т	391,923.16	Ψ.	90.47	.244	Ψ.	701.11	~	22.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	28	34		3,839.47		112.93	.002		137.12		. 22
MEDICAL TRANSPORTATION	1,025	30,591		153,611.99		5.02	1.720		149.87		8.64
	_, = 2	30,022					3		,		- • • -

AMBULANCES/AIR TRANS	130	965	17,290.48	17.92	.054	133.00	.97
OTHER TRANS	854	29,236	132,824.22	4.54	1.643	155.53	7.47
OTHER SERVICES	91	390	3,497.29	8.97	.022	38.43	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	40.60	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	291	629	8,024.24	12.76	.035	27.57	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	206	362	1,376.10	3.80	.020	6.68	.08
PROSTHETIST/ORTHOTISTS	6	24	1,123.04	46.79	.001	187.17	.06
PROSTHETICS	5	23	1,087.28	47.27	.001	217.46	.06
ORTHOTICS	1	1	35.76	35.76	.000	35.76	.00
PSYCHOLOGIST	56	132	2,116.27	16.03	.007	37.79	.12
SPEECH AND AUDIOLOGY	185	412	39,865.77	96.76	.023	215.49	2.24
HOSPICE SERVICES	213	5,834	652,821.49	111.90	.328	3064.89	36.70
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	1,904	11,572.29	6.08	.107	428.60	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	927	455,177	107,666.08	.24	25.588	116.14	6.05
@CALIF. CHILDREN SERVICES*	6	25	\$ 2,923.03	\$ 116.92	.001	\$ 487.17	\$.16
@XOVER EXCLUDING STATE HOSP**	5,490	163,808	\$ 1,197,024.40	\$ 7.31	9.208	\$ 218.04	\$ 67.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,073 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

CONTRA CODIA COUNT	DOMINANT OF DER	VICES FOR MEDICALLI N	EEDI AGED				
					MON	NTHLY AVERAG	E
49,620 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35,635	1,145,279 \$	59,888,919.03	\$ 52.29	23.081	1680.62	\$ 1206.95
@PHYSICIANS SERVICES	5,315	18,043 \$	515,215.68	\$ 28.55	.364	96.94	\$ 10.38
OUTPATIENT VISITS	1,697	2,296	90,307.92	39.33	.046	53.22	1.82
OFFICE VISITS	1,368	1,852	62,914.63	33.97	.037	45.99	1.27
HOME VISITS	4	5	258.00	51.60	.000	64.50	.01
EMERGENCY ROOM	328	377	25,710.53	68.20	.008	78.39	.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	51	62	1,424.76	22.98	.001	27.94	.03
INPATIENT VISITS	289	1,329	59,081.53	44.46	.027	204.43	1.19
HOSPITAL VISITS	221	1,187	51,572.72	43.45	.024	233.36	1.04
CRITICAL CARE	17	34	4,071.70	119.76	.001	239.51	.08
SNF/ICF/TRANS IP CARE	73	108	3,437.11	31.83	.002	47.08	.07
OPHTHALMOLOGICAL SERVICES	162	227	9,666.05	42.58	.005	59.67	.19
EXAMINATIONS	162	227	9,666.05	42.58	.005	59.67	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	133	706	74,192.62	105.09	.014	557.84	1.50
PRINCIPAL SURGEON	84	118	52,651.78	446.20	.002	626.81	1.06
ASSISTANT SURGEON	28	31	8,373.67	270.12	.001	299.06	.17
ANESTHESIOLOGIST	48	557	13,167.17	23.64	.011	274.32	.27
OUTPATIENT SURGERY	206	496	59,254.09	119.46	.010	287.64	1.19
PRINCIPAL SURGEON	170	197	51,652.31	262.19	.004	303.84	1.04
ASSISTANT SURGEON	1	1	52.87	52.87	.000	52.87	.00
ANESTHESIOLOGIST	50	298	7,548.91	25.33	.006	150.98	.15
DIALYSIS	44	91	10,993.34	120.81	.002	249.85	.22
PATHOLOGY	362	1,765	10,024.15	5.68	.036	27.69	.20

RADIOLOGY	640	1,265	41,907.08	33.13	.025	65.48	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	715	19,177.38	26.82	.014	426.16	.39
OTHER SERVICES/ALL X-OVERS		9,153	140,611.52	15.36	.184	42.65	2.83
@PHARMACY	26.997	197,680 \$	6,711,502.75	\$ 33.95	3.984 \$	248.60	
PRESCRIPTION DRUGS	26 720	119,656	6,579,071.31	54.98	2.411	246.22	132.59
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	11 861	70,037	3,449,157.51	49.25	1.411	290.80	69.51
OUTDATTENTS	15 109	49,619	3,129,913.80	63.08	1.000	207.16	63.08
MEDICAL CUDDLIEC	1 657	78,024	132,431.44	1.70	1.572	79.92	2.67
WEDICAL SOFFLIES	2 100	8,831 \$	404,983.10	\$ 45.86	.178 \$	185.09	
MICIES DIVONOCEIO	2,100 1 E7E	0,031 Ş E 401	73,169.75	13.55	.109	46.46	1.47
VISIIS - DIAGNOSIIC	1,5/5	5,401	•				.79
ORAL SURGERY	25 /	871	39,369.25	45.20	.018	153.19	
DRUGS	Ü	0	.00 700.00 20,891.00 19,985.00 86,991.00	.00	.000	.00	.00
ANESTHESIA	7	7	700.00	100.00	.000	100.00	.01
PERIODONTICS	191	197	20,891.00	106.05	.004	109.38	.42
ENDODONTICS	63	89	19,985.00	224.55	.002	317.22	.40
RESTORATIVE DENTISTRY	341	1,076		80.85	.022	255.11	1.75
PROSTHETICS	8	8	220.00	27.50	.000	27.50	.00
DENTURES, STAYPLATES	475	1,100	163,657.10	148.78	.022	344.54	3.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	46	82	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 2,074
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MEDICALLY N	EEDY - AGED				
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MEDICALLY N	EEDY - AGED		MONT	THLY AVERA	GE
				AVERAGE COST	MONT		
49,620 ELIGIBLES	USERS	UNITS OF SERVICE	EEDY - AGED EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
49,620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
49,620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$	EXPENDITURES 44,943.81	PER UNIT/DAY \$ 20.00	UNITS/DAYS PER ELIG .045 \$	COST PER USER 60.41	COST PER ELIGIBLE \$.91
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 744 227 503	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238	EXPENDITURES 44,943.81 10,503.48	PER UNIT/DAY \$ 20.00 44.13	UNITS/DAYS PER ELIG .045 \$.005	COST PER USER 60.41 46.27	COST PER ELIGIBLE \$.91 .21
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 744 227 503	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872	EXPENDITURES 44,943.81 10,503.48 31,059.51	PER UNIT/DAY \$ 20.00 44.13 16.59	UNITS/DAYS PER ELIG .045 \$.005 .038	COST PER USER 60.41 46.27 52.38	COST PER ELIGIBLE \$.91 .21 .63
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68	UNITS/DAYS PER ELIG .045 \$.005 .038 .003	COST PER USER 60.41 46.27 52.38 37.99	COST PER ELIGIBLE \$.91 .21 .63 .07
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000	COST PER USER 60.41 46.27 52.38 37.99 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 .00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 3,199 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 .00 \$ 4.80	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 .00 6.67	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 3,199 \$ 35	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$.00 \$ 4.80 33.54	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .004 \$.001	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 .00 6.67 39.13	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 3,199 \$ 35 1	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 .17.00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .004 \$.001 .000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 .00 6.67 39.13 17.00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 3,199 \$ 35 1 6	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 17.00 114.16	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .004 \$.001 .000 .000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 .00 6.67 39.13 17.00 38.05	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .00 .00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 3,199 \$ 35 1 6 3,157	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 .17.00 .14.16 14,045.24	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45	UNITS/DAYS PER ELIG .045 \$.005 .038 .000 \$.000 .000 .000 .064 \$.001 .000 .000 .000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 .00 6.67 39.13 17.00 38.05 6.18	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .00 .28
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 3,199 \$ 35 1 6 3,157 158 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 0.00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .000 .0064 .003 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .00 .28 \$.21
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 \$ 3,199 \$ 35 1 6 3,157 158 \$	44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$.00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .0064 .001 \$.003 \$.003 \$.003 \$.003 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .5 .31 .02 .00 .28 \$.21 \$.00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 \$ 3,199 \$ 35 1 6 3,157 158 \$	44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11 .00 .00	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$.00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$.00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 \$.000 \$.000 .064 \$.001 .000 .064 .003 \$.003 \$.000 \$.000 \$.000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 \$.31 .02 .00 .00 .28 \$.21 \$.00 \$.00 \$
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 \$ 3,199 \$ 35 1 6 3,157 158 \$	44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$.00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .0064 .001 \$.003 \$.003 \$.003 \$.003 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .5 .31 .02 .00 .28 \$.21 \$.00
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 \$ 3,199 \$ 35 1 6 3,157 158 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 .17.00 .114.16 14,045.24 10,322.11 .00 .00 .34.60 .69.69	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$.00 \$ 17.30 \$ 6.97	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .004 .000 .004 .003 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 .00 17.30 23.23	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .28 \$.21 \$.00 \$.0
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,247 \$ 238 1,872 137 0 \$ 0 0 \$ 3,199 \$ 35 1 6 3,157 158 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11 .00 .00 34.60	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$.00 \$ 17.30	UNITS/DAYS PER ELIG .045 \$.005 .038 .000 \$.000 \$.000 .064 \$.001 .000 .000 .064 .001 .000 .000 \$.000 \$.000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 .00 17.30 23.23 965.08	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .28 \$.21 \$.00 \$.0
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,247 238 1,872 137 0 \$ 0 0 \$ 0 3,199 \$ 35 1 6 3,157 158 \$ 0 \$ 0 \$ 0 \$ 2 \$ 10 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 .17.00 .114.16 14,045.24 10,322.11 .00 .00 .34.60 .69.69	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$ 17.30 \$ 6.97 \$ 168.92 601.54	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .004 .000 .004 .003 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 17.30 23.23 965.08 3684.32	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .28 \$.21 \$.00 \$.0
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0 2 3 2,292 537 164	UNITS OF SERVICE OR DAYS OF CARE 2,247 238 1,872 137 0 \$ 0 0 \$ 0 3,199 \$ 35 1 6 3,157 158 \$ 0 \$ 0 \$ 2 \$ 10 \$ 13,095 \$	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 00 00 100 17.00 17.00 114.16 14,045.24 10,322.11 00 00 34.60 69.69 2,211,952.07	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$ 17.30 \$ 6.97 \$ 168.92 601.54	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 .000 \$.000 .000 .064 \$.001 .000 .004 .001 .000 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 17.30 23.23 965.08 3684.32	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 .00 .00 .28 \$.21 \$.00 \$.0
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0 2 3 2,292 537 164	UNITS OF SERVICE OR DAYS OF CARE 2,247 238 1,872 137 0 \$ 0 0 3,199 \$ 35 1 6 3,157 158 \$ 0 \$ 0 \$ 0 \$ 13,095 \$ 3,289	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 .17.00 .114.16 14,045.24 10,322.11 .00 .00 .34.60 .69.69 2,211,952.07 1,978,480.30	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$ 17.30 \$ 17.30 \$ 6.97 \$ 168.92	UNITS/DAYS PER ELIG .045 \$.005038 .003 .000 \$.000 .000 .064 \$.001 .000 .004 .003 \$.000	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 .00 17.30 23.23 965.08	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 .00 .00 .28 \$.21 \$.00 \$.0
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,247 238 1,872 137 0 \$ 0 0 3,199 \$ 35 1 6 3,157 158 \$ 0 \$ 0 \$ 2 \$ 10 \$ 13,095 \$ 3,289 861	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11 .00 .00 34.60 69.69 2,211,952.07 1,978,480.30 944,564.87 726,158.40	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$.00 \$ 17.30 \$ 6.97 \$ 168.92 601.54 1097.06 1299.03	UNITS/DAYS PER ELIG .045 \$.005 .038 .003 \$.000 \$.000 .000 .064 \$.001 .000 .004 .003 \$.000 \$.00	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 .00 17.30 23.23 965.08 3684.32 5759.54 9309.72	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 .00 .00 .00 .00 .28 \$.21 \$.00 \$
49,620 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 744 227 593 89 0 0 2,302 30 1 3 2,274 24 0 0 0 2 3 2,292 537 164 78	UNITS OF SERVICE OR DAYS OF CARE 2,247 238 1,872 137 0 \$ 0 0 3,199 \$ 35 1 6 3,157 158 \$ 0 \$ 0 \$ 2 \$ 13,095 \$ 3,289 861 559	EXPENDITURES 44,943.81 10,503.48 31,059.51 3,380.82 .00 .00 .00 .15,350.40 1,174.00 17.00 114.16 14,045.24 10,322.11 .00 .00 .34.60 .69.69 2,211,952.07 1,978,480.30 944,564.87	PER UNIT/DAY \$ 20.00 44.13 16.59 24.68 \$.00 .00 \$ 4.80 33.54 17.00 19.03 4.45 \$ 65.33 \$.00 \$ 17.30 \$ 6.97 \$ 168.92 601.54 1097.06	UNITS/DAYS PER ELIG .045 \$.005 .008 .000 \$.000 \$.000 .000 .064 \$.001 .000 .064 .003 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.001 .000 \$.001 .000 \$.001 .000 \$.001 .000 \$.001 .001 \$.001 .001 \$.001 .001 \$	COST PER USER 60.41 46.27 52.38 37.99 .00 .00 6.67 39.13 17.00 38.05 6.18 430.09 .00 17.30 23.23 965.08 3684.32 5759.54	COST PER ELIGIBLE \$.91 .21 .63 .07 \$.00 .00 .00 \$.31 .02 .00 .00 .28 \$.21 \$.00

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

TRANSITIONAL IP CARE

0

64

76

304

266

1,831

0

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287

1,869

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SURGERY	86	102	6,484.24	63.57	.002	75.40	.13
PATHOLOGY	466	2,585	25,788.63	9.98	.052	55.34	.52
RADIOLOGY	395	707	53,856.08	76.18	.014	136.34	1.09
ROOM USE	405	536	20,964.00	39.11	.011	51.76	.42
CROSSOVERS/ALL OTH OUTPTNT	1,196	5,463	110,087.44	20.15	.110	92.05	2.22
@COUNTY HOSPITAL TOTAL	186	1,035	\$ 588,007.94	\$ 568.12	.021	\$ 3161.33	\$ 11.85
CO HOSPITAL INPATIENT TOTAL	109	690	574,387.01	832.44	.014	5269.61	11.58
HSC HOSPITALS	89	480	524,944.66	1093.63	.010	5898.25	10.58
NON-HSC HOSPITALS TOTAL	4	46	30,591.56	665.03	.001	7647.89	.62
ACCOMMODATIONS	4	46	10,482.91	227.89	.001	2620.73	.21
ADMINISTRATIVE DAYS	4	46	10,482.91	227.89	.001	2620.73	.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	20,108.65	.00	.000	5027.16	.41
INPATIENT CROSSOVERS	17	164	18,850.79	114.94	.003	1108.87	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	80	345	13,620.93	39.48	.007	170.26	.27
MEDICAL	25	33	1,470.91	44.57	.001	58.84	.03
SURGERY	12	19	1,158.90	60.99	.000	96.58	.02
PATHOLOGY	29	147	2,601.26	17.70	.003	89.70	.05
RADIOLOGY	17	27	4,259.58	157.76	.001	250.56	.09
ROOM USE	44	58	2,519.77	43.44	.001	57.27	.05
		61	1,610.51	26.40	.001	53.68	.03
CROSSOVERS/ALL OTH OUTPTNT							
			MONTH-OF-PAYMENT I	REPORT FOR JAN 2	ZUU3 THRU D	EC 2003	PAGE 2,075
MOP024	FEE-FOR-SERVICE/D						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVIC	ES FOR MEDICALLY	NEEDY - AGED				
						NTHLY AVERA	GE
49,620 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,125	12,060 \$	1,623,944.13	\$ 134.66	.243		
COMM HOSD INDATTIBINT TOTAL	4 4 4	2,599	1,404,093.29	540.24	.052	3235.24	28.30
HSC HOSPITALS	77	381	419,620.21	1101.37	.008	5449.61	8.46
NON-HSC HOSPITALS TOTAL	77 75 75 13 0 64 73	513	695,566.84	1355.88	.010	9274.22	14.02
NON-HSC HOSPITALS TOTAL	75						
ACCOMMODATIONS	/5	513	212,252.63		.010	2830.04	4.28
ADMINISTRATIVE DAYS	13	226	44,810.79	198.28	.005	3446.98	.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	64	287	167,441.84	583.42	.006	2616.28	3.37
ANCILLARIES	73	0	483,314.21	.00	.000	6620.74	9.74
INPATIENT CROSSOVERS	288	1,705	288,906.24	169.45	.034	1003.15	5.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		9,461	219,850.84	23.24	.191	125.06	4.43
MEDICAL	241	380	14,820.47	39.00	.008	61.50	.30
SURGERY	74	83	5,325.34	64.16	.002	71.96	.11
PATHOLOGY	437	2,438	23,187.37	9.51	.049	53.06	.47
RADIOLOGY	379	680	49,596.50	72.94	.014	130.86	1.00
ROOM USE	362	478	18,444.23	38.59	.010	50.95	.37
CROSSOVERS/ALL OTH OUTPTNT	1.167	5,402	108,476.93	20.08	.109	92.95	2.19
@STATE HOSPITAL	_,	0 \$	•			\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
DEVELOP, DISABLED	1,167 0 0 0 13,761 10 29						
@NURSING FACILITY	13,/61	419,596 \$		\$ 109.94		\$ 3352.38	
LEV A-INTERMEDIATE	10	489	27,825.51	56.90	.010	2782.55	.56
LEV B-REHAB MD	29	894	92,946.51	103.97	.018	3205.05	1.87
LEV B-SUBACUTE FREESTANDING	14	397	149,735.75	377.17	.008	10695.41	3.02
LEV B-SUBACUTE HSPTL BASED	21	980	423,564.88	432.21	.020	20169.76	8.54
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13 700	416,836	45,438,076.75	109.01	8.401	3316.65	915.72
@INTERMEDIATE CARE FACILDD	21 0 13,700 3	44 \$		\$ 137.08		\$ 2010.46	
ICF DDH	3	44	6,031.38	137.08	.001	2010.46	.12
-							
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	231	2,838 \$	197,874.36	\$ 69.72	.057	•	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	231	2,838	197,874.36	69.72	.057	856.60	3.99
@REHABILITATION FACILITY	1	1 \$		\$ 48.36	.000	\$ 48.36	\$.00
HOSPITAL BASED	1	1	48.36	48.36	.000	48.36	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	516	2,395 \$		\$ 11.88			\$.57
PATHOLOGY	489	2,354	28,133.20	11.95	.047	57.53	.57
XO AND OTHERS	27	41	308.92	7.53	.001	11.44	.01
@ORGANIZED OUTPATIENT CLINIC	5,419	9,107 \$		\$ 226.00	.184	\$ 379.80	
CLINIC	120	344	11,672.01	33.93	.007	97.27	.24
SURGICENTER	38	130	10,794.50	83.03	.003	284.07	.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,288	8,633	2,035,695.62	235.80	.174	384.97	41.03
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT H				PAGE 2,076
#CVITE DELI OL UEVITU SEKA	MEDI-CAL SERVICES	WIND EVERNDIIOKES	MONIU-OL-BAIMENI I	ALFORI FOR UAN 2	ZUUS INKU D	EC 2003	PAGE 2,0/0

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

						MC	NTHLY AVERA	GE
49,620 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,426	468,033	\$	1,551,837.07	\$ 3.32	9.432	\$ 350.62	\$ 31.27
DURABLE MED. EQUIP.	529	3,425		295,594.27	86.30	.069	558.78	5.96
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	60	76		28,514.68	375.19	.002	475.24	.57
MEDICAL TRANSPORTATION	1,077	29,267		153,511.39	5.25	.590	142.54	3.09
AMBULANCES/AIR TRANS	215	1,620		26,007.08	16.05	.033	120.96	.52
OTHER TRANS	816	27,213		122,096.85	4.49	.548	149.63	2.46
OTHER SERVICES	92	434		5,407.46	12.46	.009	58.78	.11
ACUPUNCTURE	65	292		5,136.21	17.59	.006	79.02	.10
ADULT DAY HEALTH CARE CTR	149	1,968		136,687.97	69.46	.040	917.37	2.75
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	36	289		25,001.40	86.51	.006	694.48	.50
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	903	2,143		26,613.07	12.42	.043	29.47	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	197	347		1,320.49	3.81	.007	6.70	.03
PROSTHETIST/ORTHOTISTS	42	99		3,654.51	36.91	.002	87.01	.07
PROSTHETICS	38	95		3,296.37	34.70	.002	86.75	.07
ORTHOTICS	4	4		358.14	89.54	.000	89.54	.01
PSYCHOLOGIST	17	19		420.64	22.14	.000	24.74	.01
SPEECH AND AUDIOLOGY	215	478		64,895.90	135.77	.010	301.84	1.31
HOSPICE SERVICES	233	6,052		694,893.68	114.82	.122	2982.38	14.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	100		315.97	3.16	.002	105.32	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,223	423,478		115,276.89	.27	8.534	94.26	2.32
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7,549	165,375	\$	1,452,493.21	\$ 8.78	3.333	\$ 192.41	\$ 29.27
@* TOTALS IN THESE IINES ARE SIN	ידות זכ ז כבים זו	DATE THEODMATION T	TEM C	NTT V ·				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,077 MOP024 FEE-FOR-SERVICE/DENTAL OONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

CONTIGE CODES	DOMINIME OF DEEK	VICID ION MIDICIAL	TT TA1						
						MO1	NTHLY AVERA	GE -	
169 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	159	7,796	\$	209,796.53	\$ 26.91	46.130	1319.48	\$	1241.40
@PHYSICIANS SERVICES	50	226	\$	7,530.89	\$ 33.32	1.337	150.62	\$	44.56
OUTPATIENT VISITS	13	20		1,062.36	53.12	.118	81.72		6.29
OFFICE VISITS	7	12		443.87	36.99	.071	63.41		2.63
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	6	8		618.49	77.31	.047	103.08		3.66
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	7	20		856.19	42.81	.118	122.31		5.07
HOSPITAL VISITS	7	20		856.19	42.81	.118	122.31		5.07
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		42.13	42.13	.006	42.13		.25
EXAMINATIONS	1	1		42.13	42.13	.006	42.13		.25
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	2	8	232.3			116.18	1.37
PRINCIPAL SURGEON	1	1	58.3			58.35	.35
ASSISTANT SURGEON	0	0	.0	0 .00	.000	.00	.00
ANESTHESIOLOGIST	1	7	174.0	0 24.86	.041	174.00	1.03
OUTPATIENT SURGERY	3	6	236.4	6 39.41	.036	78.82	1.40
PRINCIPAL SURGEON	2	2	104.4	9 52.25	.012	52.25	.62
ASSISTANT SURGEON	0	0	.0	0 .00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.9			131.97	.78
DIALYSIS	13	51	3,420.1	0 67.06	.302	263.08	20.24
PATHOLOGY	5	54	108.0				.64
RADIOLOGY	9	18	481.4	8 26.75		53.50	2.85
PSYCHIATRY	0	0	.0				.00
IMMUNIZATION AND INJECTION	0	0	.0				.00
OTHER SERVICES/ALL X-OVERS	30	48	1,091.7				6.46
@PHARMACY	97	1,366	\$ 37,475.5				
PRESCRIPTION DRUGS	94	439	34,597.7			368.06	204.72
SNF/ICF	15	163	10,583.2			705.55	62.62
OUTPATIENTS	79	276	24,014.4			303.98	142.10
MEDICAL SUPPLIES	24	927	2,877.7			119.91	17.03
@DENTIST	11	43	\$ 1,866.0				
VISITS - DIAGNOSTIC	8	33	303.0			37.88	1.79
ORAL SURGERY	1	4	159.0			159.00	.94
DRUGS	0	0	.0				.00
ANESTHESIA	0	0	.0				.00
PERIODONTICS	0	0	.0				.00
ENDODONTICS	Ö	0	.0				.00
RESTORATIVE DENTISTRY	1	1	39.0				.23
PROSTHETICS	0	0	.0				.00
DENTURES, STAYPLATES	3	5	1,365.0				8.08
SPACE MAINTAINERS	0	0	1,303.0				.00
MAXILLOFACIAL SERVICES	0	0	.0				.00
FRACTURES, DISLOCATIONS	0	0	.0				.00
ORTHODONTIC SERVICES	0	0	.0			.00	.00
ALL OTHER SERVICES	0	0	.0			.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDVICEC	O O	.u S MONTH-OF-PAYMENT				PAGE 2,078
MOP024	FEE-FOR-SERVICES		S MONIH-OF-PAYMENT	REPORT FOR JA	M 2003 1HRU	DEC 2003	01/29/04
CONTRA COSTA COUNT			W MEEDW DI IND				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	LS FOR MEDICALL	I NEEDI - BLIND		,	MONITURE ATTENDA	CE
160 ELICIDIES	HOEDO IT	ITUC OF CEDITOR	EADENDIMIDE			MONTHLY AVERA	
169 ELIGIBLES		NITS OF SERVICE	EXPENDITURE		ST UNITS/DAY		COST PER
@ODEOMETED I OE		OR DAYS OF CARE	Ċ ^		DAY PER ELIC		ELIGIBLE
@OPTOMETRIST	0	0	\$.0	0 \$.00	.000	\$.00	\$.00

169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	1	2	\$.87	\$.44	.012	\$.87	\$.01
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	1	2	.87		.44	.012		.87	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	99	\$ 19,266.89	\$	194.62	.586	\$	1014.05	\$ 114.01
HOSP INPATIENT TOTAL	7	21	17,052.55		812.03	.124		2436.08	100.90
HSC HOSPITALS	4	12	14,250.00		1187.50	.071		3562.50	84.32

NON-HSC HOSPITAL TOTAL	0	0		1,607.45CR	.00	.000	.00	9.51CR
ACCOMMODATIONS	0	0		5,661.96	.00	.000	.00	33.50
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0						
TRANSITIONAL IP CARE	0			.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		5,661.96	.00	.000	.00	33.50
ANCILLARIES	0	0		7,269.41CR		.000	.00	43.01CR
INPATIENT CROSSOVERS	3	9		4,410.00	490.00	.053	1470.00	26.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	78		2,214.34	28.39	.462	170.33	13.10
MEDICAL	8	9		296.08	32.90	.053	37.01	1.75
SURGERY	2	2		185.29	92.65	.012	92.65	1.10
PATHOLOGY	5	22		216.50	9.84	.130	43.30	1.28
RADIOLOGY	4	8		563.31	70.41	.047	140.83	3.33
ROOM USE	9	12		503.08	41.92	.071	55.90	2.98
CROSSOVERS/ALL OTH OUTPTNT	5	25		450.08	18.00	.148	90.02	2.66
@COUNTY HOSPITAL TOTAL	2	7 \$	5	278.58	\$ 39.80	.041	\$ 139.29	\$ 1.65
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Ŏ		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0			.00			
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	-		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	7		278.58	39.80	.041	139.29	1.65
MEDICAL	2	3		138.46	46.15	.018	69.23	.82
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	4		140.12	35.03	.024	70.06	.83
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONT	H-OF-PAYMENT RE	PORT FOR JAN	2003 THRU	DEC 2003	PAGE 2,079
MOP024	FEE-FOR-SERVICE/	DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MEDICALLY	NEED	OY - BLIND				
						M	ONTHLY AVERA	GE
169 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	92	5	18,988.31	\$ 206.39		\$ 1116.96	
COMM HOSP INPATIENT TOTAL	7	21		17,052.55	812.03	.124	2436.08	100.90
HSC HOSPITALS	4	12		14,250.00	1187.50	.071	3562.50	84.32
NON-HSC HOSPITALS TOTAL	0	0		1,607.45CR		.000		9.51CR
ACCOMMODATIONS	0	0		5,661.96	.00	.000	.00	33.50
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0			.00		.00	
ALL OTHER ACCOM	0	0		5,661.96	.00	.000	.00	33.50
ANCILLARIES	0	0		7,269.41CR	.00	.000	.00	43.01CR

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

@NURSING FACILITY	10	242	\$	15,479.93	\$	63.97	1.432	Ś	1547.99	\$ 91.60
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	10	242		15,479.93		63.97	1.432		1547.99	91.60
@INTERMEDIATE CARE FACILDD	12	365	\$	53,353.85	\$	146.17	2.160	\$	4446.15	\$ 315.70
ICF DDH	12	365		53,353.85		146.17	2.160		4446.15	315.70
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	13	1,054	\$	31,702.49	\$	30.08	6.237	\$	2438.65	\$ 187.59
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	13	1,054		31,702.49		30.08	6.237		2438.65	187.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	11	100	\$	1,049.56	\$	10.50	.592	\$	95.41	\$	6.21	
PATHOLOGY	11	100		1,049.56		10.50	.592		95.41		6.21	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	30	51	\$	14,062.02	\$	275.73	.302	\$	468.73	\$	83.21	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	30	51		14,062.02		275.73	.302		468.73		83.21	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	IONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,080	
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVIC	ES FOR MEDICAL	LY N	IEEDY - BLIND								
							N	TION	HLY AVERAC	3E -		
169 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	ZS.	COST PER	C	COST PER	
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIC	Ę	USER	E	LIGIBLE	
MALL OTHER DROWINGS	16	1 219	Ġ	28 008 48	Ġ	6 50	25 126	Ġ	608 88	Ġ	165 73	

169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	46	4,248 \$	28,008.49	\$ 6.59	25.136		
DURABLE MED. EQUIP.	40	10	· ·	1096.92	.059	•	64.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	725.00	362.50	.012	725.00	4.29
MEDICAL TRANSPORTATION	17	2,165	8,308.53	3.84	12.811	488.74	49.16
AMBULANCES/AIR TRANS	1	15	167.90	11.19	.089	167.90	.99
OTHER TRANS	16	2,150	8,140.63	3.79	12.722	508.79	48.17
OTHER SERVICES	0	2,130	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	7	742.23	106.03	.041	742.23	4.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	114.03	38.01	.018	38.01	.67
SPEECH AND AUDIOLOGY	1	2	1,037.56	518.78	.012	1037.56	6.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	273	1,872.54	6.86	1.615	208.06	11.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	1,786	4,239.43	2.37	10.568	302.82	25.09
@CALIF. CHILDREN SERVICES*	10	63 \$	17,183.45	\$ 272.75	.373	\$ 1718.35	
@XOVER EXCLUDING STATE HOSP**	25	324 \$	6,401.47	\$ 19.76	1.917	\$ 256.06	\$ 37.88

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MOI	NTHLY AVERA	AGE	
24,423 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18,601	998,365	\$	31,611,627.46	\$	31.66	40.878	\$ 1699.46	\$	1294.34
@PHYSICIANS SERVICES	3,702	25,608	\$	804,369.41	\$	31.41	1.049	\$ 217.28	\$	32.93
OUTPATIENT VISITS	1,166	1,656		76,987.51		46.49	.068	66.03		3.15
OFFICE VISITS	567	763		25,602.86		33.56	.031	45.15		1.05
HOME VISITS	13	13		531.50		40.88	.001	40.88		.02
EMERGENCY ROOM	517	710		45,611.19		64.24	.029	88.22		1.87

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	123	170	5,241.96	30.84	.007	42.62	.21
INPATIENT VISITS	787	6,122	256,681.89	41.93	.251	326.15	10.51
HOSPITAL VISITS	653	5,578	218,552.27	39.18	.228	334.69	8.95
	66	245	27,827.62	113.58	.010	421.63	1.14
CRITICAL CARE	157	299				65.62	.42
SNF/ICF/TRANS IP CARE			10,302.00	34.45	.012		
OPHTHALMOLOGICAL SERVICES	64	87	3,889.83	44.71	.004	60.78	.16
EXAMINATIONS	64	87	3,889.83	44.71	.004	60.78	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	281	3,077	129,739.63	42.16	.126	461.71	5.31
PRINCIPAL SURGEON	224	424	99,921.61	235.66	.017	446.08	4.09
ASSISTANT SURGEON	21	21	3,812.58	181.55	.001	181.55	.16
ANESTHESIOLOGIST	101	2,632	26,005.44	9.88	.108	257.48	1.06
OUTPATIENT SURGERY	200	428	45,107.69	105.39	.018	225.54	1.85
PRINCIPAL SURGEON	181	247	40,288.96	163.11	.010	222.59	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	27	181	4,818.73	26.62	.007	178.47	.20
ANESTHESIOLOGIST	155					287.06	
DIALYSIS		641	44,494.85	69.41	.026		1.82
PATHOLOGY	349	3,404	19,646.60	5.77	.139	56.29	.80
RADIOLOGY	748	2,443	89,759.93	36.74	.100	120.00	3.68
PSYCHIATRY	1	1	28.10	28.10	.000	28.10	.00
IMMUNIZATION AND INJECTION	31	443	25,794.39	58.23	.018	832.08	1.06
OTHER SERVICES/ALL X-OVERS	2,073	7,306	112,238.99	15.36	.299	54.14	4.60
@PHARMACY	13,022	139,901 \$	5,904,520.28	\$ 42.20	5.728 \$	453.43	\$ 241.76
PRESCRIPTION DRUGS	12,817	61,411	5,768,311.17	93.93	2.514	450.05	236.18
SNF/ICF	2,732	19,612	1,429,165.30	72.87	.803	523.12	58.52
OUTPATIENTS	10,237	41,799	4,339,145.87	103.81	1.711	423.87	177.67
MEDICAL SUPPLIES	1,166	78,490	136,209.11	1.74	3.214	116.82	5.58
@DENTIST	1,520	6,921 \$		\$ 43.29	.283 \$	197.10	
	993			12.74		48.89	1.99
VISITS - DIAGNOSTIC		3,810	48,544.72		.156		
ORAL SURGERY	259	893	45,097.43	50.50	.037	174.12	1.85
DRUGS	3	3	25.00	8.33	.000	8.33	.00
ANESTHESIA	14	14	1,300.00	92.86	.001	92.86	.05
PERIODONTICS	129	135	18,036.00	133.60	.006	139.81	.74
ENDODONTICS	89	147	33,594.00	228.53	.006	377.46	1.38
RESTORATIVE DENTISTRY	426	1,147	81,985.00	71.48	.047	192.45	3.36
PROSTHETICS	16	16	460.00	28.75	.001	28.75	.02
DENTURES, STAYPLATES	188	693	70,516.88	101.76	.028	375.09	2.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	51	61	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	ZUU3 THRU DEC	2003	PAGE 2,082
MOP024	FEE-FOR-SERVICE,						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
					MONT		
24,423 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	329	941 \$	19,214.15	\$ 20.42	.039 \$	58.40	\$.79
DIAGNOSTIC AND ANC. PROCED	100	100	4,427.58	44.28	.004	44.28	.18
EYE APPLIANCES	259	783	13,364.90	17.07	.032	51.60	.55
OTHER OPTOMETRIC SERVICES	33	58	1,421.67	24.51	.002	43.08	.06
@CHIROPRACTOR	2	4 \$	· · · · · · · · · · · · · · · · · · ·	\$ 16.72	.000 \$	33.44	
VISITS	2	4	66.88	16.72	.000	33.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	-						
@PODIATRIST	428	632 \$		\$ 7.28	.026 \$	10.75	
MEDICINE/INJECTIONS	27	31	897.25	28.94	.001	33.23	.04
SURGERY/ANES.	14	17	223.29	13.13	.001	15.95	.01

OTHER	395	582	3,443.80	5.92	.024	8.72	.14
	192						
@HOME HEALTH AGENCY	192	24,917 \$	737,466.27	·	1.020	•	
NURSE ANESTHESIST	1	3 \$	7.91		.000		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		
FAMILY NURSE PRACTITIONER	2	0 \$ 2 \$ 21,181 \$	36.51	\$ 18.26	.000		
@TOTAL HOSPITAL	2,276	21,181 \$	8,345,309.64	\$ 394.00	.867	\$ 3666.66	\$ 341.70
HOSP INPATIENT TOTAL	715	7,287	8,051,067.04	1104.85	.298	11260.23	329.65
HSC HOSPITALS	386	3,385	3,858,297.95	1139.82	.139	9995.59	157.98
NON HER HORDERAL TOTAL	386 180	2,397	3,944,221.24		.098	21912.34	161.50
ACCOMMODATIONS	180	2,397	1,044,149.50	435.61	.098	5800.83	42.75
ADMINISTRATIVE DAYS	180 61 0 127 178 181	1,193	257,638.40	215.96	.049	4223.58	10.55
ADMINISTRALIVE DAIS	01	1,193					
TRANSITIONAL IP CARE	105	-	.00		.000	.00	.00
ALL OTHER ACCOM	127	1,204	786,511.10	653.25	.049	6193.00	32.20
ANCILLARIES	178	0	2,900,071.74		.000	16292.54	118.74
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	181	1,505	248,547.85		.062	1373.19	10.18
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	1,671	13,894	294,242.60	21.18	.569	176.09	12.05
MEDICAL	304	567	20,826.15	36.73	.023	68.51	.85
SURGERY	87	112	3,743.59	33.42	.005	43.03	.15
PATHOLOGY	491	3,970	37,292.55	9.39	.163	75.95	1.53
RADIOLOGY	307	702	57,144.48	81.40	.029	186.14	2.34
ROOM USE	563	851	29,942.73		.035	53.18	1.23
CROSSOVERS/ALL OTH OUTPTNT		7,692	145,293.10	18.89	.315	131.96	5.95
		7,092					
@COUNTY HOSPITAL TOTAL	322	2,577 \$				\$ 7310.38	
CO HOSPITAL INPATIENT TOTAL	280	2,438	2,350,021.16	963.91	.100	8392.93	96.22
HSC HOSPITALS	243	1,916	2,141,967.77		.078	8814.68	87.70
NON-HSC HOSPITALS TOTAL	15	275	153,893.06		.011	10259.54	6.30
ACCOMMODATIONS	15	275	61,755.19		.011	4117.01	2.53
ADMINISTRATIVE DAYS	15	275	61,755.19	224.56	.011	4117.01	2.53
TRANSITIONAL IP CARE	0	275 0 0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	15	0	92,137.87		.000	6142.52	3.77
INPATIENT CROSSOVERS	30	247	54,160.33		.010	1805.34	2.22
ALL OTHER INPATIENT	0	217	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	322 280 243 15 15 15 0 0 15 30 0 45 12 3	275 275 0 0 0 247 0 139 15 3 37 13	3,922.45		.006	87.17	.16
CO HOSP COLPATIENT TOTAL	10	159	3,922.43				
MEDICAL	12	12	557.51	37.17	.001	46.46	.02
SURGERY	3	3	82.27		.000	27.42	.00
PATHOLOGY	10	3 /	496.01		.002	49.60	.02
IGID I OLOGI	7	13	1,136.59	87.43	.001	162.37	.05
ROOM USE	21				.001	47.40	.04
CROSSOVERS/ALL OTH OUTPTNT		44	654.73	14.88	.002	28.47	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU 1	DEC 2003	PAGE 2,083
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
					Mo	ONTHLY AVERA	GE
24,423 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,							ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELLG		
	1 990	OR DAYS OF CARE	5 991 366 03	PER UNIT/DAY			\$ 245 32
	1,990	18,604 \$	5,991,366.03	\$ 322.05	.762	\$ 3010.74	•
COMM HOSP INPATIENT TOTAL	450	18,604 \$ 4,849	5,701,045.88	\$ 322.05 1175.72	.762 .199	\$ 3010.74 12668.99	233.43
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	450 151	18,604 \$ 4,849 1,469	5,701,045.88 1,716,330.18	\$ 322.05 1175.72 1168.37	.762 .199 .060	\$ 3010.74 12668.99 11366.43	233.43 70.28
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	450 151 166	18,604 \$ 4,849 1,469 2,122	5,701,045.88 1,716,330.18 3,790,328.18	\$ 322.05 1175.72 1168.37 1786.21	.762 .199 .060 .087	\$ 3010.74 12668.99 11366.43 22833.30	233.43 70.28 155.20
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	450 151 166 166	18,604 \$ 4,849 1,469 2,122 2,122	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31	\$ 322.05 1175.72 1168.37 1786.21 462.96	.762 .199 .060 .087	\$ 3010.74 12668.99 11366.43 22833.30 5918.04	233.43 70.28 155.20 40.22
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	450 151 166 166 46	18,604 \$ 4,849 1,469 2,122 2,122 918	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38	.762 .199 .060 .087 .087	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33	233.43 70.28 155.20 40.22 8.02
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	450 151 166 166 46 0	18,604 \$ 4,849 1,469 2,122 2,122 918 0	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38 .00	.762 .199 .060 .087 .087 .038	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33 .00	233.43 70.28 155.20 40.22 8.02
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	450 151 166 166 46 0 127	18,604 \$ 4,849 1,469 2,122 2,122 918 0 1,204	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21 .00 786,511.10	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38 .00 653.25	.762 .199 .060 .087 .087 .038 .000	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33 .00 6193.00	233.43 70.28 155.20 40.22 8.02 .00 32.20
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	450 151 166 166 46 0	18,604 \$ 4,849 1,469 2,122 2,122 918 0	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38 .00	.762 .199 .060 .087 .087 .038	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33 .00	233.43 70.28 155.20 40.22 8.02
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	450 151 166 166 46 0 127	18,604 \$ 4,849 1,469 2,122 2,122 918 0 1,204	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21 .00 786,511.10	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38 .00 653.25	.762 .199 .060 .087 .087 .038 .000	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33 .00 6193.00	233.43 70.28 155.20 40.22 8.02 .00 32.20
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	450 151 166 166 46 0 127 164	18,604 \$ 4,849 1,469 2,122 2,122 918 0 1,204	5,701,045.88 1,716,330.18 3,790,328.18 982,394.31 195,883.21 .00 786,511.10 2,807,933.87	\$ 322.05 1175.72 1168.37 1786.21 462.96 213.38 .00 653.25 .00	.762 .199 .060 .087 .087 .038 .000	\$ 3010.74 12668.99 11366.43 22833.30 5918.04 4258.33 .00 6193.00 17121.55	233.43 70.28 155.20 40.22 8.02 .00 32.20 114.97

RADIO./PATHOLOGY

1

2

34.60

17.30

.000

34.60

.00

COMM HOSP OUTPATIENT TOTAL	1,628	13,755		290,320.15		21.11	.563		178.33		11.89
MEDICAL	292	552		20,268.64		36.72	.023		69.41		.83
SURGERY	84	109		3,661.32		33.59	.004		43.59		.15
PATHOLOGY	482	3,933		36,796.54		9.36	.161		76.34		1.51
RADIOLOGY	300	689		56,007.89		81.29	.028		186.69		2.29
ROOM USE	543	824		28,947.39		35.13	.034		53.31		1.19
CROSSOVERS/ALL OTH OUTPTNT	1,078	7,648		144,638.37		18.91	.313		134.17		5.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	-	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,410	71,332	\$	9,395,754.75	\$	131.72	2.921	\$	3898.65	\$	384.71
LEV A-INTERMEDIATE	13	381	•	25,320.76	•	66.46	.016		1947.75		1.04
LEV B-REHAB MD	195	5,980		685,884.35		114.70	.245		3517.36		28.08
LEV B-SUBACUTE FREESTANDING		81		31,766.13		392.17	.003		31766.13		1.30
LEV B-SUBACUTE HSPTL BASED	91	3,116		1,382,485.98		443.67	.128		15192.15		56.61
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,113	61,774		7,270,297.53		117.69	2.529		3440.75		297.68
@INTERMEDIATE CARE FACILDD	550	16,873	\$	2,392,518.86	\$	141.80		Ġ	4350.03	Ġ	97.96
ICF DDH	453	14,096	Y	1,909,728.42	Y	135.48	.577	Y	4215.74	٧	78.19
		11,000		.00		.00	.000		.00		.00
ICF DDN/DDCN	0 97 413	2,777		482,790.44		173.85	.114		4977.22		19.77
@HEMODIALYSIS TOTAL	413	6,658	\$	424,909.32	\$	63.82	.273	Ś	1028.84	Ċ	17.40
HOSPITAL BASED	0	0,030	Ų	.00	Ų	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	413	6,658		424,909.32		63.82	.273		1028.84		17.40
@REHABILITATION FACILITY	46	565	\$	7,849.14	\$	13.89	.023	ċ.	170.63	ė.	.32
HOSPITAL BASED	12	505 57	Ą	1,460.19	Ą	25.62	.002	Ą	121.68	Ą	.06
INDEPENDENT FACILITY	34	508		6,388.95		12.58	.002		187.91		.26
@LABORATORY FACILITY	34 376	2,414	\$	•	\$.021	4		ė.	1.15
	376 368		Þ	28,063.54	Þ	11.63		Þ	74.64	Ş	
PATHOLOGY	308	2,393		27,936.01		11.67	.098		75.91		1.14
XO AND OTHERS		21		127.53		6.07	.001		15.94		.01
@ORGANIZED OUTPATIENT CLINIC	4,514	8,961	\$	2,017,095.61	\$	225.10	.367	Ş	446.85	Ş	82.59
CLINIC	82	309		12,031.15		38.94	.013		146.72		. 49
SURGICENTER	7	25		1,726.43		69.06	.001		246.63		.07
HEROIN DETOX CLINIC	2	29		347.16		11.97	.001		173.58		.01
RURAL HEALTH CLINIC	4,439	8,598		2,002,990.87		232.96	.352		451.23		82.01
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,084
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MEDICA	LLY	NEEDY - DISABLED							
			_				M	-		_	
24,423 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVE		UNITS/DAY	S	COST PER		COST PER

24,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,974		\$ 1,230,252.22	\$ 1.83	27.493 \$		
DURABLE MED. EQUIP.	314	2,517	224,130.93	89.05	.103	713.79	9.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10	5,191.23	519.12	.000	519.12	.21
MEDICAL TRANSPORTATION	704	26,283	156,739.91	5.96	1.076	222.64	6.42
AMBULANCES/AIR TRANS	391	3,938	59,662.66	15.15	.161	152.59	2.44
OTHER TRANS	315	22,149	90,500.64	4.09	.907	287.30	3.71
OTHER SERVICES	34	196	6,576.61	33.55	.008	193.43	.27
ACUPUNCTURE	15	46	805.59	17.51	.002	53.71	.03
ADULT DAY HEALTH CARE CTR	11	127	8,850.49	69.69	.005	804.59	.36
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	93	11,589	298,928.45	25.79	.475	3214.28	12.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	418	1,012	12,458.18	12.31	.041	29.80	.51
PHYSICAL THERAPIST	1	2	11.09	5.55	.000	11.09	.00
PORTABLE X-RAY	48	91	746.61	8.20	.004	15.55	.03
PROSTHETIST/ORTHOTISTS	49	221	33,117.46	149.85	.009	675.87	1.36
PROSTHETICS	48	220	33,107.61	150.49	.009	689.74	1.36
ORTHOTICS	1	1	9.85	9.85	.000	9.85	.00

PSYCHOLOGIST	53	147	2,051.54	13.96	.006	38.71		.08
SPEECH AND AUDIOLOGY	108	266	20,935.54	78.73	.011	193.85		.86
HOSPICE SERVICES	56	1,683	239,749.73	142.45	.069	4281.25		9.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	462	14,104	110,577.04	7.84	.577	239.34		4.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	937	613,353	115,853.43	.19	25.114	123.64		4.74
@CALIF. CHILDREN SERVICES*	243	16,233	\$ 352,737.20	\$ 21.73	.665	\$ 1451.59	\$	14.44
@XOVER EXCLUDING STATE HOSP**	3,133	38,878	\$ 810,068.31	\$ 20.84	1.592	\$ 258.56	\$:	33.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,085 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CONTRA COSTA COUNT	DOMINANT OF BERN	TORD FOR MEDICABLI	NEEDI PARIETES		MON	יע כובונע אינודינע	GE
138.262 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNI			COST PER
130,202 ELIGIBLES	USEKS		EXPENDITORES				
omomit it proutres	77,272	OR DAYS OF CARE	22 054 000 06	PER UNIT/DAY PI		USER	ELIGIBLE
		329,310 \$	33,074,922.86	\$ 100.44	2.382 \$	428.03	\$ 239.22
@PHYSICIANS SERVICES	10,846		2,343,527.13	\$ 51.00	.332 \$		
OUTPATIENT VISITS	6,141	11,240	416,972.24	37.10	.081	67.90	3.02
OFFICE VISITS	2,009	2,590	103,924.73	40.13	.019	51.73	.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,370	3,760	202,544.91	53.87	.027	60.10	1.46
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	594	4,374	89,228.84	20.40	.032	150.22	.65
	394	492	20,289.47	41.24	.004	51.50	.15
OTHER OUTPATIENT	1 020			41.24			
INPATIENT VISITS	1,930	8,372	608,542.43	72.69	.061	315.31	4.40
HOSPITAL VISITS	1,812	6,255	280,623.52	44.86	.045	154.87	2.03
CRITICAL CARE	234	2,113	327,701.41	155.09	.015	1400.43	2.37
SNF/ICF/TRANS IP CARE	1	4	217.50	54.38	.000	217.50	.00
OPHTHALMOLOGICAL SERVICES	56	88	4,092.94	46.51	.001	73.09	.03
EXAMINATIONS	54	86	4,082.36	47.47	.001	75.60	.03
SERVICES AND MATERIALS	1,804 1,395	2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	1 804	8,768	817,262.24	93.21	.063	453.03	5.91
PRINCIPAL SURGEON	1,395	2,064	639,925.06	310.04	.015	458.73	4.63
	218	2,004	36,855.43	165.27	.002	169.06	.27
ASSISTANT SURGEON			30,033.43	105.27			
ANESTHESIOLOGIST	640	6,481	140,481.75	21.68	.047	219.50	1.02
OUTPATIENT SURGERY	802	1,778	123,555.05	69.49	.013	154.06	.89
PRINCIPAL SURGEON	690	901	96,033.77	106.59	.007	139.18	.69
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST	207	876	27,414.06	31.29	.006	132.44	.20
DIALYSIS		225	16,974.03	75.44	.002	320.26	.12
PATHOLOGY	1,920	7,832	59,384.64	7.58	.057	30.93	.43
RADIOLOGY	2,300	3,833	174,913.81	45.63	.028	76.05	1.27
PSYCHIATRY	3	4	103.17	25.79	.000	34.39	.00
		586	7,452.46	12.72	.004	30.80	.05
IMMUNIZATION AND INJECTION		2 227					
OTHER SERVICES/ALL X-OVERS	1,664	3,227	114,274.12	35.41	.023	68.67	.83
@PHARMACY	9,406	27,180 \$	1,262,929.75	\$ 46.47	.197 \$		
PRESCRIPTION DRUGS	9,145	20,210	1,190,137.91	58.89	.146	130.14	8.61
SNF/ICF	9	56	2,310.10	41.25	.000	256.68	.02
OUTPATIENTS	9,137	20,154	1,187,827.81	58.94	.146	130.00	8.59
MEDICAL SUPPLIES	610	6,970	72,791.84	10.44	.050	119.33	.53
@DENTIST	17,318	95,147 \$		\$ 31.52	.688 \$	173.16	\$ 21.69
VISITS - DIAGNOSTIC	12,589	62,039	831,014.68	13.40	.449	66.01	6.01
ORAL SURGERY	2,556	5,448	328,473.95	60.29	.039	128.51	2.38
DRUGS	671	786	17,532.50	22.31	.006	26.13	.13
	79	79	7,500.00	94.94	.001	94.94	.05
ANESTHESIA	839						
PERIODONTICS	839	852	121,493.00	142.60	.006	144.81	.88
ENDODONTICS	1,442	2,564	319,056.75	124.44	.019	221.26	2.31
	6,596	20,387	1,176,852.00	57.73	.147	178.42	8.51
PROSTHETICS	48	50	1,140.00	22.80	.000	23.75	.01
DENTURES, STAYPLATES	350	1,403	120,793.36	86.10	.010	345.12	.87
SPACE MAINTAINERS	124	153	16,212.00	105.96	.001	130.74	.12
MAXILLOFACIAL SERVICES	27	27	1,280.00	47.41	.000	47.41	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	626	812	57,048.75	70.26	.006	91.13	.41
ALL OTHER SERVICES	413	545	435.00	.80	.004	1.05	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N	MONTH-OF-PAIMENT RE	FORT FOR UAN 200.	TUKO DE	iC 2003	PAGE 2,086
MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR MEDICALLY N	NEEDY - FAMILIES				~-
400 050 -						THLY AVERA	
138,262 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UN			COST PER
		OR DAYS OF CARE		PER UNIT/DAY PI	ER ELIG	USER	ELIGIBLE

@OPTOMETRIST	341	950	\$	23,517.75	Ġ	24.76	.007	\$	68.97	Ġ	.17
DIAGNOSTIC AND ANC. PROCED	285	286	•	13,263.41		46.38	.002		46.54		.10
EYE APPLIANCES	229	659		10,151.50		15.40	.005		44.33		.07
OTHER OPTOMETRIC SERVICES	4	5		102.84		20.57	.000		25.71		.00
@CHIROPRACTOR	48	95	\$	1,510.64	\$	15.90	.001	\$	31.47	\$.01
VISITS	47	89		1,488.08		16.72	.001		31.66		.01
OTHER SERVICES	1 24	6 53	4	22.56	4	3.76	.000	4	22.56	4	.00
@PODIATRIST MEDICINE/INJECTIONS	18	22	\$	2,343.39 788.19	\$	44.21 35.83	.000	Ş	97.64 43.79	Þ	.02 .01
SURGERY/ANES.	5	8		505.92		63.24	.000		101.18		.00
RADIO./PATHOLOGY	6	10		173.00		17.30	.000		28.83		.00
OTHER	7	13		876.28		67.41	.000		125.18		.01
@HOME HEALTH AGENCY	52	1,703	\$	55,584.73	\$	32.64	.012	\$	1068.94	\$.40
NURSE ANESTHESIST	139	373	\$	13,794.99	\$	36.98	.003	\$	99.24	\$.10
NURSE MIDWIFE	3	5	\$	1,394.87	\$	278.97	.000	\$	464.96	\$.01
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6,656	29,931	\$	12,389,234.50	Ş	413.93	.216	\$	1861.36	\$	89.61
HOSP INPATIENT TOTAL HSC HOSPITALS	1,859 1,554	8,143 6,577		11,778,128.93 9,233,701.72		1446.41 1403.94	.059 .048		6335.73 5941.89		85.19 66.78
NON-HSC HOSPITAL TOTAL	310	1,555		2,541,469.75		1634.39	.048		8198.29		18.38
ACCOMMODATIONS	309	1,555		1,024,240.45		658.68	.011		3314.69		7.41
ADMINISTRATIVE DAYS	9	44		10,177.20		231.30	.000		1130.80		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	302	1,511		1,014,063.25		671.12	.011		3357.83		7.33
ANCILLARIES	310	0		1,517,229.30		.00	.000		4894.29		10.97
INPATIENT CROSSOVERS	4	11		2,957.46		268.86	.000		739.37		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,034	21,788		611,105.57		28.05	.158		121.40		4.42
MEDICAL	944 384	1,376 442		67,743.68		49.23	.010		71.76		.49 .10
SURGERY	1,812	8,942		13,955.00 90,621.50		31.57 10.13	.003		36.34 50.01		.10
PATHOLOGY RADIOLOGY	1,356	1,917		145,035.04		75.66	.014		106.96		1.05
ROOM USE	3,731	4,708		172,865.28		36.72	.034		46.33		1.25
CROSSOVERS/ALL OTH OUTPTNT		4,403		120,885.07		27.46	.032		58.77		.87
@COUNTY HOSPITAL TOTAL	908	3,071	\$	2,742,993.33	\$	893.19	.022	\$	3020.92	\$	19.84
CO HOSPITAL INPATIENT TOTAL	800	2,414		2,724,280.62		1128.53	.017		3405.35		19.70
HSC HOSPITALS	800	2,414		2,724,280.62		1128.53	.017		3405.35		19.70
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ō	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	116	657		18,712.71		28.48	.005		161.32		.14
MEDICAL	15	18		823.99		45.78	.000		54.93		.01
SURGERY	37	51		1,468.18		28.79	.000		39.68		.01
PATHOLOGY	52	272		4,283.95		15.75	.002		82.38		.03
RADIOLOGY	15	19		1,252.70		65.93	.000		83.51		.01
ROOM USE	73	131		6,352.20		48.49	.001		87.02		.05
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		166 ES AND EXPENDITURI	rc M	4,531.69	ם∩חים	27.30	.001	חבים	76.81	ת ת	.03 .GE 2,087
MOP024	FEE-FOR-SERVICE		יו כיי	MONTH-OF-PAIMENT R.	EPOR	I FOR UAN	2003 IRO	DEC	2003	PA	01/29/04
CONTRA COSTA COUNT		ICES FOR MEDICALI	'ΥΥ	JEEDY - FAMILIES							01/2//04
3311111 333111 33311	SOLUTION DEICE	1010 IOIC PIDDICADI					M	ONT	HLY AVERA	GE -	
138,262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		OST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,774	26,860	\$	9,646,241.17	\$	359.13	.194	\$	1670.63	\$	69.77

COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDM ICF DDM ICF DDM ICF DDM ICF DDM ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOPO 24 CONTRA COSTA COUNT	1,065	5,729		9,053,848.31		1580.35	.041		8501.27		65.48
HSC HOSPITALS	758	4,163		6,509,421.10		1563.64	.030		8587.63		47.08
NON-HSC HOSPITALS TOTAL	310	1,555		2,541,469.75		1634.39	.011		8198.29		18.38
ACCOMMODATIONS	309	1,555		1,024,240.45		658.68	.011		3314.69		7.41
ADMINISTRATIVE DAYS	9	44		10,177.20		231.30	.000		1130.80		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	302	1,511		1,014,063.25		671.12	.011		3357.83		7.33
ANCILLARIES	310	0		1,517,229.30		.00	.000		4894.29		10.97
INPATIENT CROSSOVERS	4	11		2,957.46		268.86	.000		739.37		.02
ALL OTHER INPATIENT	4 001	0 21 121		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,921	21,131		592,392.86		28.U3	.153		120.38		4.28
MEDICAL	929	1,358		66,919.69		49.28	.010		72.03		.48
SURGER I	1 762	9 670		12,480.82		31.94	.003		35.99		.09
PATHOLOGY	1,702	0,070		142 702 24		9.90	.003		107 22		1 04
RADIOLOGI ROOM HEE	1,341 2 661	1,090 4 577		166 512 00		75.75	.014		107.22		1.04
CDOCCOVEDC / N.I. OTH OTHERWITH	1 000	4,377 1,227		116 252 29		30.36 27 46	.033		50.40		2.20
@CTATE UCCDITAI	1,999	Ŧ,237	Ġ	110,333.30	Ċ	27.40	.031	Ġ	00.21	Ġ	00
MENTALLY ILL	0	0	Ą	.00	Ų	.00	000	Ą	.00	Ą	.00
DEVELOD DISABLED	0	0		.00		.00	000		.00		.00
@NURSING FACILITY	2	175	Ś	12 406 19	\$	70 89	001	\$	6203 10	Ġ	09
I.EV A-INTERMEDIATE	0	1,3	٧	12,100.19	٧	0.05	000	Y	0203.10	٧	00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	175		12,406.19		70.89	.001		6203.10		.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	74	2,204	\$	127,071.17	\$	57.65	.016	\$	1717.18	\$.92
HOSPITAL BASED	8	80		31,545.78		394.32	.001		3943.22		.23
HEMODIALYSIS CENTER	66	2,124		95,525.39		44.97	.015		1447.35		.69
@REHABILITATION FACILITY	95	921	\$	15,632.65	\$	16.97	.007	\$	164.55	\$.11
HOSPITAL BASED	52	122		6,716.06		55.05	.001		129.16		.05
INDEPENDENT FACILITY	43	799		8,916.59		11.16	.006		207.36		.06
@LABORATORY FACILITY	1,758	5,640	\$	85,648.40	\$	15.19	.041	\$	48.72	\$.62
PATHOLOGY	1,752	5,633		85,244.20		15.13	.041		48.66		.62
XO AND OTHERS	./	.7		404.20		57.74	.000	_	57.74		.00
@ORGANIZED OUTPATIENT CLINIC	37,909	63,285	Ş	13,126,037.83	Ş	207.41	.458	Ş	346.25	Ş	94.94
CLINIC	1,965	10,683		286,961.53		∠6.86 40.04	.077		146.04		2.08
SURGICENTER	3	8		393.94		49.24	.000		131.31		.00
HEROIN DEIOX CLINIC	26 NON	7.0 E2 E24		12 027 000 71		244 42	.001		158./3		.01
#CVITE DEDT OF REVIEW GEDV	MEDI_CAI CEDIII	SZ,SZ4 ODZANNA OVENTALIO	TC M		EDOD.	P POD JAN	ווסטיי פחחכ	חפר	2003	D7	94.05 NCE 2 088
MOD024	FFF-FOP-SERVIC	ZES AND EXPENDITOR Z/DENTAI.	. II C. II.	IONIII-OF-PAIMENT K	EFOR.	I FOR UAN	2003 11110	DEC	2003	F	01/29/04
CONTRA COSTA COUNT	SIMMARY OF SERV	TICES FOR MEDICAL	T.V N	IEEDV - FAMILIES							01/25/04
COMING CODIN COOM	DOMINICI OI DEICO	VICED FOR PEDICIE	111 1				M	ONT	HLY AVERA	GE -	
138,262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
100,202 22101222	0.221.2	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	8,168	55,695	\$	615,456.88	\$	11.05	.403		75.35		4.45
DURABLE MED. EQUIP.	67	549		36,995.02	т.	67.39	.004	•	552.16		.27
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	19		5,704.74		300.25	.000		814.96		.04
MEDICAL TRANSPORTATION	685	9,296		154,768.94		16.65	.067		225.94		1.12
AMBULANCES/AIR TRANS	676	7,858		113,821.25		14.48	.057		168.37		.82
OTHER TRANS	10	1,418		5,472.69		3.86	.010		547.27		.04
OTHER SERVICES	20	20		35,475.00		1773.75	.000		1773.75		.26
ACUPUNCTURE	65	185		3,453.38		18.67	.001		53.13		.02

ADULT DAY HEALTH CARE CTR	1	1	72.00	72.00	.000	72.00	.00	
GENETIC DISEASE TESTING	642	642	65,539.50	102.09	.005	102.09	.47	
IHMC, MODEL-NF, NF, AIDS, MSSP	1	74	2,001.50	27.05	.001	2001.50	.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,177	4,659	44,896.76	9.64	.034	20.62	.32	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	88	235	28,545.59	121.47	.002	324.38	.21	
PROSTHETICS	62	208	26,259.16	126.25	.002	423.53	.19	
ORTHOTICS	27	27	2,286.43	84.68	.000	84.68	.02	
PSYCHOLOGIST	1	6	360.00	60.00	.000	360.00	.00	
SPEECH AND AUDIOLOGY	12	41	5,962.91	145.44	.000	496.91	.04	
HOSPICE SERVICES	1	28	4,585.84	163.78	.000	4585.84	.03	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	4,457	23,075	257,237.81	11.15	.167	57.72	1.86	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	18	16,885	5,332.89	.32	.122	296.27	.04	
@CALIF. CHILDREN SERVICES*	1,938	20,636	\$ 5,657,666.19	\$ 274.16	.149	\$ 2919.33	\$ 40.92	
@XOVER EXCLUDING STATE HOSP**	75	440	\$ 24,399.34	\$ 55.45	.003	\$ 325.32	\$.18	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,089

01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

CONTRA COSTA COUNT	SUMMARI OF SER	VICES FOR MEDICALLI	NEEDI - IOIAL				
					MON		
212,474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	131,667	2,480,750 \$	124,785,265.88	\$ 50.30	11.676 \$		
@PHYSICIANS SERVICES	19,913	89,830 \$	3,670,643.11	\$ 40.86	.423 \$	184.33	\$ 17.28
OUTPATIENT VISITS	9,017	15,212	585,330.03	38.48	.072	64.91	2.75
OFFICE VISITS	3,951	5,217	192,886.09	36.97	.025	48.82	.91
HOME VISITS	17	18	789.50	43.86	.000	46.44	.00
EMERGENCY ROOM	4,221	4,855	274,485.12	56.54	.023	65.03	1.29
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.00
OB VISITS/COMPRE PERI	594	4,374	89,228.84	20.40	.021	150.22	.42
OTHER OUTPATIENT	568	724	26,956.19	37.23	.003	47.46	.13
INPATIENT VISITS	3,013	15,843	925,162.04	58.40	.075	307.06	4.35
HOSPITAL VISITS	2,693	13,040	551,604.70	42.30	.061	204.83	2.60
CRITICAL CARE	317	2,392	359,600.73	150.33	.011	1134.39	1.69
SNF/ICF/TRANS IP CARE	231	411	13,956.61	33.96	.002	60.42	.07
OPHTHALMOLOGICAL SERVICES	283	403	17,690.95	43.90	.002	62.51	.08
EXAMINATIONS	281	401	17,680.37	44.09	.002	62.92	.08
SERVICES AND MATERIALS	2	2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	2,220	12,559	1,021,426.84	81.33	.059	460.10	4.81
PRINCIPAL SURGEON	1,704	2,607	792,556.80	304.01	.012	465.12	3.73
ASSISTANT SURGEON	267	275	49,041.68	178.33	.001	183.68	.23
ANESTHESIOLOGIST	790	9,677	179,828.36	18.58	.046	227.63	.85
OUTPATIENT SURGERY	1,211	2,708	228,153.29	84.25	.013	188.40	1.07
PRINCIPAL SURGEON	1,043	1,347	188,079.53	139.63	.006	180.33	.89
ASSISTANT SURGEON	2	2	160.09	80.05	.000	80.05	.00
ANESTHESIOLOGIST	285	1,359	39,913.67	29.37	.006	140.05	.19
DIALYSIS	265	1,008	75,882.32	75.28	.005	286.35	.36
PATHOLOGY	2,636	13,055	89,163.45	6.83	.061	33.83	.42
RADIOLOGY	3,697	7,559	307,062.30	40.62	.036	83.06	1.45
PSYCHIATRY	4	5	131.27	26.25	.000	32.82	.00
IMMUNIZATION AND INJECTION	318	1,744	52,424.23	30.06	.008	164.86	.25
OTHER SERVICES/ALL X-OVERS	7,064	19,734	368,216.39	18.66	.093	52.13	1.73

@PHARMACY	49,522	366,127	\$ 13,916,428.32	\$ 38.01	1.723	\$ 281.02	\$ 65.50
PRESCRIPTION DRUGS	48,776	201,716	13,572,118.14	67.28	.949	278.25	63.88
SNF/ICF	14,617	89,868	4,891,216.17	54.43	.423	334.63	23.02
OUTPATIENTS	34,562	111,848	8,680,901.97	77.61	.526	251.17	40.86
MEDICAL SUPPLIES	3,457	164,411	344,310.18	2.09	.774	99.60	1.62
@DENTIST	21,037	110,942	\$ 3,705,275.12	\$ 33.40	.522	\$ 176.13	\$ 17.44
VISITS - DIAGNOSTIC	15,165	71,283	953,032.15	13.37	.335	62.84	4.49
ORAL SURGERY	3,073	7,216	413,099.63	57.25	.034	134.43	1.94
DRUGS	674	789	17,557.50	22.25	.004	26.05	.08
ANESTHESIA	100	100	9,500.00	95.00	.000	95.00	.04
PERIODONTICS	1,159	1,184	160,420.00	135.49	.006	138.41	.76
ENDODONTICS	1,594	2,800	372,635.75	133.08	.013	233.77	1.75
RESTORATIVE DENTISTRY	7,364	22,611	1,345,867.00	59.52	.106	182.76	6.33
PROSTHETICS	72	74	1,820.00	24.59	.000	25.28	.01
DENTURES, STAYPLATES	1,016	3,201	356,332.34	111.32	.015	350.72	1.68
SPACE MAINTAINERS	124	153	16,212.00	105.96	.001	130.74	.08

45.71 45.71 MAXILLOFACIAL SERVICES 28 28 1,280.00 .000 .01 .000 2 2 .00 .00 FRACTURES, DISLOCATIONS .00 .00 ORTHODONTIC SERVICES 627 813 57,083.75 70.21 .004 91.04 .27 510 688 .85 ALL OTHER SERVICES 435.00 .63 .003 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,090 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT	SUMMARY OF SERV	JICES FOR MEDICAL	LY NE	EDY - TOTAL							,,
							MO			GE	
212,474 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,414	4,138	\$	87,675.71	\$	21.19	.019		62.01	\$.41
DIAGNOSTIC AND ANC. PROCED	612	624		28,194.47		45.18	.003		46.07		.13
EYE APPLIANCES	1,081	3,314		54,575.91		16.47	.016		50.49		.26
OTHER OPTOMETRIC SERVICES	126	200		4,905.33		24.53	.001		38.93		.02
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	50	99	\$	1,577.52	\$	15.93	.000	\$	31.55	\$.01
VISITS	49	93	·	1,554.96	•	16.72	.000	-	31.73	-	.01
OTHER SERVICES	1	6		22.56		3.76	.000		22.56		.00
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	2,755	3,886 88	\$	22,293.60	\$	5 74	018	\$	8.09	\$.10
MEDICINE/INJECTIONS	75	. 88	·	2,859.44	·	32.49	.000		38.13	·	.01
SURGERY/ANES.	20	26		746.21		28.70	.000		37.31		.00
RADIO./PATHOLOGY	10	18		321.76		17.88	.000		32.18		.00
OTHER	2,677	3,754		18,366.19 803,373.11		4.89	.018		6.86		.09
@HOME HEALTH AGENCY	268	26,778	\$	803,373.11	\$	30.00	.126	\$	2997.66	\$	3.78
NURSE ANESTHESIST	140	376	\$	13,802.90 1,394.87	\$	36.71	.002	\$	98.59		.06
NURSE MIDWIFE	3	5	S	1,394.87	Ė	278.97	.000		464.96		.01
PEDIATRIC NURSE PRACTITIONER	2	2	Š	34.60	Š	17.30	.000	Š	17.30		.00
FAMILY NURSE PRACTITIONER	5	12	Ė	106.20	Ė	8.85	.000	Ė	21.24		.00
@TOTAL HOSPITAL	11.243	64.306	Ė	22,965,763.10	Ė	357.13	.303	Ė	2042.67	Ė	
HOSP INPATIENT TOTAL	3,118	18,740		21,824,728.82	•	1164.61	.088		6999.59		102.72
HSC HOSPITALS	2,108	10,835		14,050,814.54		1296.80	.051		6665.47		66.13
NON-HSC HOSPITAL TOTAL	568	4.511		7.210.241.94		1598.37	.021		12694.09		33.93
ACCOMMODATIONS	567	4.511		2.296.787.45		509.15	.021		4050.77		10.81
ADMINISTRATIVE DAYS	86	1,509		323,109.30		214.12	.007		3757.08		1.52
@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IN CARE	0	0		.00		32.49 28.70 17.88 4.89 30.00 36.71 278.97 17.30 8.85 357.13 1164.61 1296.80 1598.37 509.15 214.12 .00 657.45 .00 166.08 .00 25.04 44.46 37.03 9.92 76.96 36.72 21.42 849.81	.000		.00		.00
ALL OTHER ACCOM	493	3,002		1,973,678.15		657.45	.014				
ANCILLARIES	564	0		4,913,454.49		.00	.000		9711 QN		23.12
INPATIENT CROSSOVERS	492	3,394		563,672.34		166.08	.016		1145.68		2.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		1145.68 .00 133.47 69.09 43.59		.00
HOSP OUTPATIENT TOTAL	8.549	45,566		1,141,034.28		25.04	.214		133.47		5.37
MEDICAL	1,522	2,365		105,157.29		44.46	.011		69.09		.49
SURGERY	559	658		24,368.12		37.03	.003		43.59		.11
PATHOLOGY	2,774	15,519		153,919.18		9.92	.073		55.49		.72
RADIOLOGY	2.062	3,334		256,598.91		76.96	.016		124.44		1.21
ROOM USE	4,708	6,107		224,275.09		36.72	.029		47.64		1.06
CROSSOVERS/ALL OTH OUTPTNT	4,359	17,583		376,715.69		37.03 9.92 76.96 36.72 21.42 849.81 1019.25 1120.83 574.72 225.04 225.04	.083		86.42		1.77
@COUNTY HOSPITAL TOTAL	1,418	6,690	\$	5,685,223.46	\$	849.81	.031	\$	4009.33	\$	26.76
CO HOSPITAL INPATIENT TOTAL	1,189	5,542	·	5,648,688.79	·	1019.25	.026		4750.79	·	26.59
HSC HOSPITALS	1,132	4,810		5,391,193.05		1120.83	.023		4762.54		25.37
NON-HSC HOSPITALS TOTAL	. 19	321		184,484.62		574.72	.002		9709.72		.87
ACCOMMODATIONS	19	321		72,238.10		225.04	.002		3802.01		.34
ADMINISTRATIVE DAYS	19	321		72,238.10		225.04	.002		3802.01		.34
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00 .00 5907.71 1553.43		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	19	0		112,246.52		.00	.000		5907.71		.53
INPATIENT CROSSOVERS	47	411		73,011.12		177.64	002		1553.43		.34
ACCOMMODATIONS ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	3,002 0 3,394 0 45,566 2,365 658 15,519 3,334 6,107 17,583 6,690 5,542 4,810 321 321 321 321 0 0 0 411 0 1,148		.00		225.04 .00 .00 .00 177.64 .00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	243	1,148		36,534.67		31.82	.005		150.35		.17
MEDICAL	54	69		2,990.87		43.35	.000		55.39		.01
SURGERY	52	73		2,709.35		37.11	.000		.00 150.35 55.39 52.10		.01
PATHOLOGY	91	456		72,238.10 72,238.10 .00 .00 .112,246.52 73,011.12 .00 36,534.67 2,990.87 2,709.35 7,381.22		.00 31.82 43.35 37.11 16.19	.002		81.11		.03

39 59 112.69 .000 170.48 .03 RADIOLOGY 6,648.87 140 220 10,007.43 45.49 .001 71.48 .05 ROOM USE 271 6,796.93 25.08 60.69 .03 CROSSOVERS/ALL OTH OUTPTNT 112 .001 PAGE 2,091 01/29/04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024	FEE-FOR-SERVICE/	DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - TOTAL						
					M	ONTI	HLY AVERA	GE	
212,474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVERAGE COS	T UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DA			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,906	57,616 \$	17,280,539.6	54 \$ 299.93	.271	\$	1744.45	\$	81.33
COMM HOSP INPATIENT TOTAL	1.956	13,198	16,176,040.0	1225.64	.062		8269.96		76.13
HSC HOSPITALS	990	6,025	8,659,621.4		.028		8747.09		40.76
NON-HSC HOSPITALS TOTAL	990 551	4,190	7,025,757.3		.020		12750.92		33.07
ACCOMMODATIONS	550	4,190	2,224,549.3		.020		4044.64		10.47
ADMINISTRATIVE DAYS	68	1,188	250,871.2		.006		3689.28		1.18
TRANSITIONAL IP CARE	0	. 0	.0		.000		.00		.00
ALL OTHER ACCOM	68 0 493 547 447	3,002	1,973,678.1		.014		4003.40		9.29
ANCILLARIES	547	0	4,801,207.9		.000		8777.35		22.60
INPATIENT CROSSOVERS	447	2,983	490,661.2		.014		1097.68		2.31
ALL OTHER INPATIENT	0	_,,,,	.0		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8,318	44,418	1,104,499.6		.209		132.78		5.20
MEDICAL	1,468	2,296	102,166.4		.011		69.60		.48
SURGERY	507	585	21,658.7		.003		42.72		.10
PATHOLOGY	2,686	15,063	146,537.9	9.73	.071		54.56		.69
RADIOLOGY	2,024	3,275	249,950.0		.015		123.49		1.18
ROOM USE	4,573	5,887	214,267.6		.028		46.85		1.01
CROSSOVERS/ALL OTH OUTPTNT		17,312	369,918.7		.081		87.06		1.74
@STATE HOSPITAL	0	0 \$.000	Ś	.00	\$.00
MENTALLY ILL	0	0	.0		.000	~	.00	~	.00
DEVELOP. DISABLED	0	0	.0		.000		.00		.00
@NURSING FACILITY	16,183	491,345 \$				Ġ	3432.97	Ġ	261.47
LEV A-INTERMEDIATE	23	870	53,146.2		.004	Y	2310.71	٧	.25
LEV B-REHAB MD	224	6,874	778,830.8		.032		3476.92		3.67
LEV B-SUBACUTE FREESTANDING		478	181,501.8		.002	-	12100.13		.85
LEV B-SUBACUTE HSPTL BASED	112	4,096	1,806,050.8		.019		16125.45		8.50
LEV B-SOBACOTE HISPIT BASED LEV B-TRANSITIONAL IP CARE	0	4,090	1,000,030.0		.000	_	.00		.00
LEV B-REGULAR	15,825	479,027	52,736,260.4		2.255		3332.47		248.20
@INTERMEDIATE CARE FACILDD	565	17,282 \$			2.233	ċ.	4339.65	بخ	11.54
ICF DDH	468	14,505	1,969,113.6		.068	Ą	4207.51	Ą	9.27
ICF DD	400	14,505	1,909,113.0		.000		.00		.00
ICF DDD ICF DDN/DDCN	97	2,777	482,790.4		.013		4977.22		2.27
@HEMODIALYSIS TOTAL	721	12,754 \$				Ġ	1069.16	Ġ	3.68
HOSPITAL BASED	731	80	31,545.7		.000	Ą	3943.22	Ą	.15
HEMODIALYSIS CENTER	722	12,674	750,011.5		.060		1037.36		3.53
@REHABILITATION FACILITY	468 0 97 731 8 723 142	1,487 \$					165.71	بخ	.11
HOSPITAL BASED	65	180	8,224.6		.007	Ą	126.53	Ą	.04
INDEPENDENT FACILITY	77	1,307	15,305.5		.001		120.53		.04
@LABORATORY FACILITY	2,661	10,549 \$.050	۲.	53.82	ب.	.67
	2,620	10,549 \$.049	Ą	54.34	Ą	
PATHOLOGY	42		142,362.9						.67
XO AND OTHERS		69	840.6		.000	4	20.02	۲,	.00
@ORGANIZED OUTPATIENT CLINIC	47,872	81,404 \$		·	.383	Þ	359.61	\$	81.02
CLINIC SURGICENTER	2,167 48	11,336 163	310,664.6		.053		143.36 269.06		1.46 .06
	48 7	163 99	12,914.8		.001				
HEROIN DETOX CLINIC			1,140.8				162.98		.01
RURAL HEALTH CLINIC	45,837	69,806	16,890,637.2		.329	חחמ	368.49	-	79.50
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT	. KEPOKT FOR JAN	∠UU3 THRU	DEC	∠003	F	AGE 2,092
MOPO24	FEE-FOR-SERVICE/		MEEDA MOMAT						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MEDICALLY	NEFDI - LOLAT		3.4			aп	

212,474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	1	OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	15,614	1,199,428	\$	3,425,554.66	\$ 2.86	5.645	\$ 219.39	\$ 1	16.12
DURABLE MED. EQUIP.	914	6,501		567,689.39	87.32	.031	621.10		2.67
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	78	107		40,135.65	375.10	.001	514.56		.19
MEDICAL TRANSPORTATION	2,483	67,011		473,328.77	7.06	.315	190.63		2.23
AMBULANCES/AIR TRANS	1,283	13,431		199,658.89	14.87	.063	155.62		.94
OTHER TRANS	1,157	52,930		226,210.81	4.27	.249	195.51		1.06
OTHER SERVICES	146	650		47,459.07	73.01	.003	325.06		.22
ACUPUNCTURE	145	523		9,395.18	17.96	.002	64.79		.04
ADULT DAY HEALTH CARE CTR	161	2,096		145,610.46	69.47	.010	904.41		.69
GENETIC DISEASE TESTING	643	643		65,644.50	102.09	.003	102.09		.31
IHMC, MODEL-NF, NF, AIDS, MSSP	131	11,959		326,673.58	27.32	.056	2493.69		1.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	3,498	7,814		83,968.01	10.75	.037	24.00		.40
PHYSICAL THERAPIST	1	2		11.09	5.55	.000	11.09		.00
PORTABLE X-RAY	245	438		2,067.10	4.72	.002	8.44		.01
PROSTHETIST/ORTHOTISTS	179	555		65,317.56	117.69	.003	364.90		.31
PROSTHETICS	148	523		62,663.14	119.81	.002	423.40		.29
ORTHOTICS	32	32		2,654.42	82.95	.000	82.95		.01
PSYCHOLOGIST	74	175		2,946.21	16.84	.001	39.81		.01
SPEECH AND AUDIOLOGY	336	787		92,831.91	117.96	.004	276.29		.44
HOSPICE SERVICES	290	7,763		939,229.25	120.99	.037	3238.72		4.42
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	4,931	37,552		370,003.36	9.85	.177	75.04		1.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	2,192	1,055,502		240,702.64	.23	4.968	109.81		1.13
@CALIF. CHILDREN SERVICES*	2,191	36,932	\$	6,027,586.84	\$ 163.21	.174	\$ 2751.07	•	28.37
@XOVER EXCLUDING STATE HOSP**	10,782	205,017	\$	2,293,362.33	\$ 11.19	.965	\$ 212.70	\$	10.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----20,984 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 9,444 76,958 3,341,073.54 \$ 43.41 3.667 \$ 353.78 \$ 159.22 @PHYSICIANS SERVICES 1,891 5,348 217,955.91 40.75 .255 \$ 115.26 \$ 10.39 1,858 OUTPATIENT VISITS 1,425 71,244.49 38.34 .089 50.00 3.40 OFFICE VISITS 951 1,170 40,643.66 34.74 42.74 1.94 .056 .000 HOME VISITS 2 2 50.40 25.20 25.20 .00 421 459 23,657.15 51.54 .022 EMERGENCY ROOM 56.19 1.13 17 PREVENTIVE CARE 772.35 45.43 .001 48.27 .04 OB VISITS/COMPRE PERI 19 135 3,498.78 25.92 .006 184.15 .17 75 OTHER OUTPATIENT 69 2,622.15 34.96 .004 38.00 .12 INPATIENT VISITS 133 746 45,585.41 61.11 .036 342.75 2.17 108 529 23,184.01 43.83 .025 214.67 1.10 HOSPITAL VISITS 118.77 670.50 175 20,785.40 CRITICAL CARE 31 .008 .99 SNF/ICF/TRANS IP CARE 9 42 38.48 179.56 .08 1,616.00 .002 OPHTHALMOLOGICAL SERVICES 18 20 872.40 43.62 .001 48.47 .04 **EXAMINATIONS** 17 19 867.11 45.64 .001 51.01 .04 1 1 SERVICES AND MATERIALS 5.29 5.29 .000 5.29 .00 INPATIENT HOSPITAL SURGERY 64 1,097 41,271.10 37.62 .052 644.86 1.97 PRINCIPAL SURGEON 42 74 32,586.43 440.36 .004 775.87 1.55 2 2 .000 173.49 ASSISTANT SURGEON 346.97 173.49 .02 ANESTHESIOLOGIST 33 1,021 8,337.70 8.17 .049 252.66 .40

OUTPATIENT SURGERY	130	245	22,880.67	9	3.39 .012		176.01		1.09
PRINCIPAL SURGEON	115	132	19,149.60		5.07 .006		166.52		.91
ASSISTANT SURGEON	0	0	.00		.00 .000		.00		.00
ANESTHESIOLOGIST	37	113	3,731.07		3.02 .005		100.84		.18
DIALYSIS	0	0	.00		.00 .000		.00		.00
PATHOLOGY	210	482	3,294.36		5.83 .023		15.69		.16
RADIOLOGY	270	465	20,845.98		4.83 .022		77.21		.99
PSYCHIATRY	1	1	47.72		7.72 .000		47.72		.00
IMMUNIZATION AND INJECTION	64	115	1,527.71	1.	3.28 .005		23.87		.07
OTHER SERVICES/ALL X-OVERS	202	319	10,386.07		2.56 .015		51.42		.49
@PHARMACY	2,890	16,809 \$	373,931.22	\$ 2.	2.25 .801	. \$	129.39	\$	17.82
PRESCRIPTION DRUGS	2,875	5,823	365,013.95	6	2.68 .277		126.96		17.39
SNF/ICF	26	180	15,376.31	8	5.42 .009		591.40		.73
OUTPATIENTS	2,850	5,643	349,637.64	6	1.96 .269		122.68		16.66
MEDICAL SUPPLIES	82	10,986	8,917.27		.81 .524		108.75		.42
@DENTIST	1,122	6,273 \$	180,886.20	\$ 2	3.84 .299	\$	161.22	\$	8.62
VISITS - DIAGNOSTIC	868	4,383	64,735.70	1	4.77 .209		74.58		3.09
ORAL SURGERY	106	225	15,046.50	6	5.87 .011		141.95		.72
DRUGS	39	42	865.00	2	0.60 .002		22.18		.04
ANESTHESIA	5	6	600.00	10	0.00 .000		120.00		.03
PERIODONTICS	19	21	2,375.00	11	3.10 .001		125.00		.11
ENDODONTICS	66	110	16,443.00	14	9.48 .005		249.14		.78
RESTORATIVE DENTISTRY	413	1,385	75,096.00	5	4.22 .066		181.83		3.58
PROSTHETICS	4	4	120.00	3	0.00 .000		30.00		.01
DENTURES, STAYPLATES	1	2	65.00	3:	2.50 .000		65.00		.00
SPACE MAINTAINERS	7	8	560.00	7	0.00 .000		80.00		.03
MAXILLOFACIAL SERVICES	3	3	150.00	5	0.00 .000		50.00		.01
FRACTURES, DISLOCATIONS	0	0	.00		.00 .000		.00		.00
ORTHODONTIC SERVICES	45	56	4,830.00	8	5.25 .003		107.33		.23
ALL OTHER SERVICES	24	28	.00		.00 .001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FO	R JAN 2003 THRU	DEC	2003	PAG	E 2,094
MOP024	FEE-FOR-SERVICE/DENTA	L							01/29/04
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20 004 ELIGIDIES	HGEDG	INTEG OF CERTIF	717	EXPENDIMINE	7. 7. 7			-	THLY AVERA	GE	COCH DED
20,984 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER	4.	ELIGIBLE
@OPTOMETRIST	112	268	\$	6,587.54	\$	24.58	.013	Ş	58.82	Ş	.31
DIAGNOSTIC AND ANC. PROCED	74	74		3,436.72		46.44	.004		46.44		.16
EYE APPLIANCES	72	189		2,752.90		14.57	.009		38.23		.13
OTHER OPTOMETRIC SERVICES	5	5		397.92		79.58	.000		79.58		.02
@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.000	\$	22.29	\$.00
VISITS	3	4		66.88		16.72	.000		22.29		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	26	\$	1,146.78	\$	44.11	.001	\$	114.68	\$.05
MEDICINE/INJECTIONS	9	12		454.08		37.84	.001		50.45		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	5	9		606.20		67.36	.000		121.24		.03
@HOME HEALTH AGENCY	3	12	\$	853.59	\$	71.13	.001	\$	284.53	\$.04
NURSE ANESTHESIST	4	6	\$	319.69	\$	53.28	.000	\$	79.92	\$.02
NURSE MIDWIFE	2	3	\$	760.82	\$	253.61	.000	\$	380.41	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$	75.17	\$.00
@TOTAL HOSPITAL	973	3,879	\$	1,096,073.52	\$	282.57	.185	\$	1126.49	\$	52.23
HOSP INPATIENT TOTAL	110	578	•	1,002,596.84	•	1734.60	.028		9114.52	·	47.78
HSC HOSPITALS	88	411		626,707.30		1524.84	.020		7121.67		29.87
NON-HSC HOSPITAL TOTAL	22	167		375,889.54		2250.84	.008		17085.89		17.91
ACCOMMODATIONS	22	167		105,134.51		629.55	.008		4778.84		5.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	•	•									

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

CONTRA COSTA COUNT

ALL OTHER ACCOM	22	167	105,134.51	629.55	800	4778.84	5.01
ANCILLARIES	22	0	270,755.03	.00	000	12307.05	12.90
INPATIENT CROSSOVERS	0	0	.00	.00	000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	000	.00	.00
HOSP OUTPATIENT TOTAL	888	3,301	93,476.68	28.32	L57	105.27	4.45
MEDICAL	168	275	12,274.36	44.63	13	73.06	.58
SURGERY	79	93	3,118.39	33.53	004	39.47	.15
PATHOLOGY	259	1,128	14,508.48	12.86)54	56.02	.69
RADIOLOGY	202	256	14,100.38	55.08	12	69.80	.67
ROOM USE	708	904	34,789.53	38.48)43	49.14	1.66
CROSSOVERS/ALL OTH OUTPTNT	316	645	14,685.54	22.77	31	46.47	.70
@COUNTY HOSPITAL TOTAL	53	204	\$ 119,847.41	\$ 587.49	010	\$ 2261.27	\$ 5.71
CO HOSPITAL INPATIENT TOTAL	29	103	116,835.16	1134.32	005	4028.80	5.57
HSC HOSPITALS	29	103	116,835.16	1134.32	005	4028.80	5.57
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	Õ	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Õ	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	25	101		3,012.25	29.82	.005	120.49		.14
MEDICAL	14	15		485.67	32.38	.001	34.69		.02
SURGERY	4	6		141.22	23.54	.000	35.31		.01
PATHOLOGY	5	29		480.43	16.57	.001	96.09		.02
RADIOLOGY	4	4		161.26	40.32	.000	40.32		.01
ROOM USE	19	28		1,207.68	43.13	.001	63.56		.06
CROSSOVERS/ALL OTH OUTPTNT	9	19		535.99	28.21	.001	59.55		.03
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	FC M					D	AGE 2,095
MOP024	FEE-FOR-SERVICE		1110 1110	SNIII OF FAIMENT K.	EFORT FOR UAN 2	2005 IIIKO DI	2005	F 2	01/29/04
CONTRA COSTA COUNT		VICES FOR MIC - N	IO SO(7 03 04 25 45 45	Δκ ΔΜ 5κ 7π 82	SE SW			01/25/04
CONTRA COSTA COUNT	DOMMANT OF BERV	TORD FOR MIC N	10 500	2 03 04 ZA 45 4A	4K 4M 5K 71 02	MOI	σαπνα ν.τητι	GE -	
20,984 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
20,001 1110111110	OBLIG	OR DAYS OF CARE		EMI ENDITORED	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	926	3,675	\$	976,226.11	\$ 265.64	.175			46.52
COMM HOSP INPATIENT TOTAL	82	475	٧	885,761.68	1864.76	.023	10801.97	٧	42.21
HSC HOSPITALS	60	308		509,872.14	1655.43	.015	8497.87		24.30
NON-HSC HOSPITALS TOTAL	22	167		375,889.54	2250.84	.008	17085.89		17.91
ACCOMMODATIONS	22	167		105,134.51	629.55	.008	4778.84		5.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	22	167		105,134.51	629.55	.008	4778.84		5.01
ANCILLARIES	22	0		270,755.03	.00	.000	12307.05		12.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	867	3,200		90,464.43	28.27	.152	104.34		4.31
MEDICAL	157	260		11,788.69	45.34	.012	75.09		.56
SURGERY	75	87		2,977.17	34.22	.004	39.70		.14
PATHOLOGY	254	1,099		14,028.05	12.76	.052	55.23		.67
RADIOLOGY	198	252		13,939.12	55.31	.012	70.40		.66
ROOM USE	693	876		33,581.85	38.34	.042	48.46		1.60
CROSSOVERS/ALL OTH OUTPTNT	307	626		14,149.55	22.60	.030	46.09		.67
@STATE HOSPITAL	0	020	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	9	258	\$	106,208.28	\$ 411.66			\$	5.06
LEV A-INTERMEDIATE	0	0	Y	.00	.00	.000	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	9	258		106,208.28	411.66	.012	11800.92		5.06
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0	Y	.00	.00	.000	.00	ų	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	Ċ	.00	\$.00	.000		Ġ	.00
HOSPITAL BASED	0	0	ų	.00	.00	.000	.00	ې	.00
HEMODIALNOIG GENEED	0	0		.00	.00	.000	.00		.00

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HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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16

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11

232

232

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237

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227

561

561

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@ORGANIZED OUTPATIENT CLINIC	3,802	5,466 \$	1,243,524.17	\$ 227.50	.260 \$	327.07	\$ 59.26
CLINIC	183	888	24,325.12	27.39	.042	132.92	1.16
SURGICENTER	1	8	284.68	35.59	.000	284.68	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,632	4,570	1,218,914.37	266.72	.218	335.60	58.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,096
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIC - NO SOC	03 04 2A 45 4A	4K 4M 5K 7T 82	8E 8W		
					MON	THLY AVERAG	E
20,984 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	572	37,807 \$	100,442.41	\$ 2.66	1.802 \$	175.60	\$ 4.79
DURABLE MED. EQUIP.	39	140	29,613.82	211.53	.007	759.33	1.41
BLOOD BANK	3	1,056	3,168.00	3.00	.050	1056.00	.15
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	104	1,564	28,230.06	18.05	.075	271.44	1.35

		OR DAYS OF CAR	EΕ		PE	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	572	37,807	\$	100,442.41	. \$	2.66	1.802	\$ 175.60	\$ 4.79
DURABLE MED. EQUIP.	39	140		29,613.82	2	211.53	.007	759.33	1.41
BLOOD BANK	3	1,056		3,168.00)	3.00	.050	1056.00	.15
HEARING AID DISPENSERS	0	0		.00)	.00	.000	.00	.00
MEDICAL TRANSPORTATION	104	1,564		28,230.06	,	18.05	.075	271.44	1.35
AMBULANCES/AIR TRANS	104	1,558		17,430.06	,	11.19	.074	167.60	.83
OTHER TRANS	0	0		.00)	.00	.000	.00	.00
OTHER SERVICES	6	6		10,800.00)	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0		.00)	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00)	.00	.000	.00	.00
GENETIC DISEASE TESTING	46	46		4,780.00)	103.91	.002	103.91	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00)	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00)	.00	.000	.00	.00
OPTICIAN	151	314		2,695.95		8.59	.015	17.85	.13
PHYSICAL THERAPIST	0	0		.00)	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00)	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	79		7,392.12	2	93.57	.004	492.81	.35
PROSTHETICS	14	78		7,348.04	ŀ	94.21	.004	524.86	.35
ORTHOTICS	1	1		44.08	3	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32		1,823.35	·	56.98	.002	455.84	.09
SPEECH AND AUDIOLOGY	5	50		2,180.94	ŀ	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0		.00)	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00)	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	180	1,365		15,098.70)	11.06	.065	83.88	.72
EPSDT SUPPLEMENTAL SERVICE	0	0		.00)	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00)	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00)	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	33,161		5,459.47	,	.16	1.580	155.98	.26
@CALIF. CHILDREN SERVICES*	269	2,648	\$	578,624.22	\$	218.51	.126	\$ 2151.02	\$ 27.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,097 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

MONTHLY AVERAGE									
255 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	332	2,259	\$	480,880.36	\$ 212.87	8.859	\$ 1448.43	\$ 1885.81	
@PHYSICIANS SERVICES	156	935	\$	38,749.56	\$ 41.44	3.667	\$ 248.39	\$ 151.96	
OUTPATIENT VISITS	65	71		3,792.19	53.41	.278	58.34	14.87	
OFFICE VISITS	5	8		249.81	31.23	.031	49.96	.98	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	55	58		3,366.60	58.04	.227	61.21	13.20	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	5	5		175.78	35.16	.020	35.16	.69	
INPATIENT VISITS	49	305		19,990.66	65.54	1.196	407.97	78.39	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	48	238		10,472.73	44.	.933		218.18		41.07
CRITICAL CARE	13	67		9,517.93	142.			732.15		37.33
SNF/ICF/TRANS IP CARE	0	0		.00		000 .000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		000.000		.00		.00
EXAMINATIONS	0	0		.00		000.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		000 .000		.00		.00
	-									
INPATIENT HOSPITAL SURGERY	32	150		8,036.42	53.			251.14		31.52
PRINCIPAL SURGEON	24	38		5,665.57	149.			236.07		22.22
ASSISTANT SURGEON	0	0		.00		.000		.00		.00
ANESTHESIOLOGIST	14	112		2,370.85	21.			169.35		9.30
OUTPATIENT SURGERY	12	14		822.27	58.	73 .055		68.52		3.22
PRINCIPAL SURGEON	12	14		822.27	58.	73 .055		68.52		3.22
ASSISTANT SURGEON	0	0		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		000.000		.00		.00
DIALYSIS	0	0		.00		000.000		.00		.00
PATHOLOGY	28	189		943.65	4.			33.70		3.70
	45	174								
RADIOLOGY				3,639.85	20.			80.89		14.27
PSYCHIATRY	0	0		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	32		1,524.52	47.			72.60		5.98
@PHARMACY	18	41	\$	1,473.08	\$ 35.	93 .161	\$	81.84	\$	5.78
PRESCRIPTION DRUGS	18	38		1,407.38	37.	04 .149		78.19		5.52
SNF/ICF	0	0		.00		.000		.00		.00
OUTPATIENTS	18	38		1,407.38	37.			78.19		5.52
MEDICAL SUPPLIES	1	3		65.70	21.			65.70		.26
@DENTIST	20	94	\$	921.00	\$ 9.		Ġ	46.05	¢	3.61
VISITS - DIAGNOSTIC	16	67	Ÿ	169.00	2.		Y	10.56	Y	.66
	1	1						.00		
ORAL SURGERY				.00		00 .004				.00
DRUGS	0	0		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.000		.00		.00
ENDODONTICS	3	4		71.00	17.	75 .016		23.67		.28
RESTORATIVE DENTISTRY	10	21		611.00	29.	10 .082		61.10		2.40
PROSTHETICS	0	0		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		000.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		000 .000		.00		.00
ORTHODONTIC SERVICES	1	1		70.00	70.			70.00		.27
	0	0								
ALL OTHER SERVICES	-		_~ .	.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPORT FOR	JAN 2003 THRU	DEC	2 2003	Ŀ	PAGE 2,098
MOP024	FEE-FOR-SERVIC									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR MIC - S	OC		AID	CODE 83				
							-	THLY AVERA	GE.	
255 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		COST UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT	/DAY PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	134.75	\$ 26.	95 .020	\$	67.38	\$.53
DIAGNOSTIC AND ANC. PROCED	2	2		91.90	45.	95 .008		45.95		.36
EYE APPLIANCES	1	3		42.85	14.			42.85		.17
OTHER OPTOMETRIC SERVICES	0	0		.00		000 .000		.00		.00
@CHIROPRACTOR	0	0	\$.00		000.000	\$.00	\$.00
	0	0	Ą		•		Ą		Ą	
VISITS	0			.00				.00		.00
OTHER SERVICES	· ·	0		.00		.000		.00	_	.00
@PODIATRIST	0	0	\$.00	•	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.000		.00		.00
SURGERY/ANES.	0	0		.00		.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.000		.00		.00
OTHER	0	0		.00		.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00		.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	•	.000		.00	\$.00
	,	-	•	. 3 0			-		т	

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	Ö	Ċ Ċ	.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	106	644	ς. Υ	405,375.22		629.46		\$ 3824.29	\$	1589.71
			Þ		Ą			\$ 3024.29	Ş	
HOSP INPATIENT TOTAL	37	259		398,260.80		1537.69	1.016	10763.81		1561.81
HSC HOSPITALS	29	213		340,211.00		1597.23	.835	11731.41		1334.16
NON-HSC HOSPITAL TOTAL	9	46		58,049.80		1261.95	.180	6449.98		227.65
ACCOMMODATIONS	9	46		12,566.90		273.19	.180	1396.32		49.28
ADMINISTRATIVE DAYS	2	25		4,525.57		181.02	.098	2262.79		17.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	U									
ALL OTHER ACCOM	/	21		8,041.33		382.92	.082	1148.76		31.53
ANCILLARIES	9	0		45,482.90		.00	.000	5053.66		178.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	71	385		7,114.42		18.48	1.510	100.20		27.90
MEDICAL	19	27		1,198.82		44.40	.106	63.10		4.70
SURGERY	15	14		158.13		11.30	.055	10.54		.62
PATHOLOGY	29	149		1,219.79		8.19	.584	42.06		4.78
RADIOLOGY	30	40		1,720.02		43.00	.157	57.33		6.75
ROOM USE	63	71		1,903.99		26.82	.278	30.22		7.47
CROSSOVERS/ALL OTH OUTPTNT	41	84		913.67		10.88	.329	22.28		3.58
@COUNTY HOSPITAL TOTAL	15	36	\$	19,769.00	\$	549.14	.141	\$ 1317.93	\$	77.53
CO HOSPITAL INPATIENT TOTAL	15	36		19,769.00	·	549.14	.141	1317.93		77.53
HSC HOSPITALS	15	36		19,769.00		549.14	.141	1317.93		77.53
NON-HSC HOSPITALS TOTAL	0	0		·		.00	.000	.00		.00
	0			.00						
ACCOMMODATIONS	U	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0 0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	0								
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	Ü	Ü		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		TMOM 2		EDOR'				D	AGE 2,099
MOP024	FEE-FOR-SERVICE/D		D MOIVE	II OI IIIIIIIII K	ы ок	1 1010 07110 .	2005 IIII(O D	LC 2005	-	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE		C			AID CODE	0.2			01/25/04
CONTRA COSTA COUNT	SUMMART OF SERVICE	ES FOR MIC - SO	C			AID CODE		NTHLY AVERA	CF.	
OFF BLIGTBIRG	HOEDO	NITHO OF OFFICE			7.7.7				_	
255 ELIGIBLES		NITS OF SERVICE		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	91		\$	385,606.22	\$	634.22		\$ 4237.43	\$	
COMM HOSP INPATIENT TOTAL	22	223		378,491.80		1697.27	.875	17204.17		1484.28
HSC HOSPITALS	14	177		320,442.00		1810.41	.694	22888.71		1256.64
NON-HSC HOSPITALS TOTAL	9	46		58,049.80		1261.95	.180	6449.98		227.65
ACCOMMODATIONS	9	46		12,566.90		273.19	.180	1396.32		49.28
ADMINISTRATIVE DAYS	2	25		4,525.57		181.02	.098	2262.79		17.75
	0									
TRANSITIONAL IP CARE		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	21		8,041.33		382.92	.082	1148.76		31.53
ANCILLARIES	9	0		45,482.90		.00	.000	5053.66		178.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	71	385		7,114.42		18.48	1.510	100.20		27.90
MEDICAL	19	27		1,198.82		44.40	.106	63.10		4.70
SURGERY	15	14		158.13		11.30	.055	10.54		.62
	29									
PATHOLOGY	29	149		1,219.79		8.19	.584	42.06		4.78

RADIOLOGY	30	40	1,720.02	43.00	.157	57.33	6.75
ROOM USE	63	71	1,903.99	26.82	.278	30.22	7.47
CROSSOVERS/ALL OTH OUTPINT	41	84	913.67	10.88	.329	22.28	3.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	1	2 \$	96.96	\$ 48.48	.008 \$	96.96	\$.38
HOSPITAL BASED	1	2	96.96	48.48	.008	96.96		.38
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	1	1 \$	27.08	\$ 27.08	.004 \$	27.08	\$.11
PATHOLOGY	1	1	27.08	27.08	.004	27.08		.11
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	100 \$	26,569.86	\$ 265.70	.392 \$	369.03	\$	104.20
CLINIC	1	10	390.78	39.08	.039	390.78		1.53
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	71	90	26,179.08	290.88	.353	368.72		102.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAG	GE 2,100
MOP024	FEE-FOR-SERVICE/	DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR MIC - SOC		AID CODE	83			
					MONT	HLY AVERA	GE	
255 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	El	LIGIBLE
@ALL OTHER PROVIDERS	27	437 \$	7,532.85	\$ 17.24	1.714 \$	278.99	\$	29.54
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	17	206	7,013.18	34.04	.808	412.54		27.50
AMBULANCES/AIR TRANS	17	204	3,413.18	16.73	.800	200.78		13.39
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	2	2	3,600.00	1800.00	.008	1800.00		14.12
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	1	2	16.64	8.32	.008	16.64		.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	2	144.76	72.38	.008	144.76		.57
PROSTHETICS	1	2	144.76	72.38	.008	144.76		.57
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	7	17	203.18	11.95	.067	29.03		.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	210	155.09	.74	.824	155.09		.61
@CALIF. CHILDREN SERVICES*	$\overline{14}$	205 \$	43,080.53	\$ 210.15		3077.18	\$	168.94
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00		.00
@* TOTALS IN THESE LINES ARE				, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAG	GE 2,101
MOP024	FEE-FOR-SERVICE/							01/29/04
CONTRA COSTA COUNT		CES FOR MEDICALLY IN	NDIGENT - CHILDRE	N - TOTAL				
					MONT	HLY AVERA	GE	
21 220 ELICIPIES	TICEDO	INITTO OF CEDUTOR	EADEMDILLIDEC	ATTEDACE COCT	TINTTTC / DAVC	COCT DED	0	

^{21,239} ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

OMOMAI ALL DROLLDERG	0 776	70 017 8	2 001 052 00	å 40.0F	2 720 4	200 05	å 170 OF	
@TOTAL, ALL PROVIDERS	9,776	79,217 \$	3,821,953.90	\$ 48.25	3.730 \$	390.95		
@PHYSICIANS SERVICES	2,047	6,283 \$	256,705.47	\$ 40.86	.296 \$	125.41		
OUTPATIENT VISITS	1,490	1,929	75,036.68	38.90	.091	50.36	3.53	
OFFICE VISITS	956	1,178	40,893.47	34.71	.055	42.78	1.93	
HOME VISITS	2	2	50.40	25.20	.000	25.20	.00	
EMERGENCY ROOM	476	517	27,023.75	52.27	.024	56.77	1.27	
PREVENTIVE CARE	16	17	772.35	45.43	.001	48.27	.04	
OB VISITS/COMPRE PERI	19	135	3,498.78	25.92	.006	184.15	.16	
OTHER OUTPATIENT	74	80	2,797.93	34.97	.004	37.81	.13	
INPATIENT VISITS	182	1,051	65,576.07	62.39	.049	360.31	3.09	
HOSPITAL VISITS	156	767	33,656.74	43.88	.036	215.75	1.58	
CRITICAL CARE	44	242	30,303.33	125.22	.011	688.71	1.43	
SNF/ICF/TRANS IP CARE	9	42	1,616.00	38.48	.002	179.56	.08	
OPHTHALMOLOGICAL SERVICES	18	20	872.40	43.62	.001	48.47	.04	
EXAMINATIONS	17	19	867.11	45.64	.001	51.01	.04	
SERVICES AND MATERIALS	1	1	5.29	5.29	.000	5.29	.00	
INPATIENT HOSPITAL SURGERY	96	1,247	49,307.52	39.54	.059	513.62	2.32	
	66	112	38,252.00	341.54	.005	579.58	1.80	
PRINCIPAL SURGEON	2							
ASSISTANT SURGEON		2	346.97	173.49	.000	173.49	.02	
ANESTHESIOLOGIST	47	1,133	10,708.55	9.45	.053	227.84	.50	
OUTPATIENT SURGERY	142	259	23,702.94	91.52	.012	166.92	1.12	
PRINCIPAL SURGEON	127	146	19,971.87	136.79	.007	157.26	.94	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	37	113	3,731.07	33.02	.005	100.84	.18	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	238	671	4,238.01	6.32	.032	17.81	.20	
RADIOLOGY	315	639	24,485.83	38.32	.030	77.73	1.15	
PSYCHIATRY	1	1	47.72	47.72	.000	47.72	.00	
IMMUNIZATION AND INJECTION	64	115	1,527.71	13.28	.005	23.87	.07	
OTHER SERVICES/ALL X-OVERS	223	351	11,910.59	33.93	.017	53.41	.56	
@PHARMACY	2,908	16,850 \$	375,404.30	\$ 22.28	.793 \$	129.09		
PRESCRIPTION DRUGS	2,893	5,861	366,421.33	62.52	.276	126.66	17.25	
SNF/ICF	26	180	15,376.31	85.42	.008	591.40	.72	
OUTPATIENTS	2,868	5,681	351,045.02	61.79	.267	122.40	16.53	
MEDICAL SUPPLIES	83	10,989	8,982.97	.82	.517	108.23	.42	
@DENTIST	1,142	6,367 \$	181,807.20	\$ 28.55	.300 \$	159.20		
VISITS - DIAGNOSTIC	884	4,450	64,904.70	14.59	.210	73.42	3.06	
ORAL SURGERY	107	226	15,046.50	66.58	.011	140.62	.71	
DRUGS	39	42	865.00	20.60	.002	22.18	.04	
ANESTHESIA	5	6	600.00	100.00	.000	120.00	.03	
PERIODONTICS	19	21	2,375.00	113.10	.001	125.00	.11	
ENDODONTICS	69	114	16,514.00	144.86	.005	239.33	.78	
	423	1,406	75,707.00	53.85	.066	178.98	3.56	
RESTORATIVE DENTISTRY	423	•						
PROSTHETICS		4	120.00	30.00	.000	30.00	.01	
DENTURES, STAYPLATES	1	2	65.00	32.50	.000	65.00	.00	
SPACE MAINTAINERS	7	8	560.00	70.00	.000	80.00	.03	
MAXILLOFACIAL SERVICES	3	3	150.00	50.00	.000	50.00	.01	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	46	57	4,900.00	85.96	.003	106.52	.23	
ALL OTHER SERVICES	24	28	.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,102	2
MOP024	FEE-FOR-SERVICE						01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERV	JICES FOR MEDICALLY	INDIGENT - CHILDREN	I - TOTAL				
					MONT	HLY AVERA	GE	
21,239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
21,237 11101110	35216	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@OPTOMETRIST	114	273 \$	6,722.29	\$ 24.62	.013 \$	58.97		
		·		46.43		46.43	•	
DIAGNOSTIC AND ANC. PROCED	76	76	3,528.62		.004		.17	
EYE APPLIANCES	73	192	2,795.75	14.56	.009	38.30	.13	
OTHER OPTOMETRIC SERVICES	5	5	397.92	79.58	.000	79.58	.02	

@CHIROPRACTOR	3	4 \$	66.88	\$ 16.72	.000 \$	22.29	Ś	.00
VISITS	3	4	66.88	16.72	.000	22.29		.00
	0	0		.00	.000			.00
OTHER SERVICES			.00			.00	4.	
@PODIATRIST	10	26 \$	1,146.78	\$ 44.11	.001 \$		Ş	.05
MEDICINE/INJECTIONS	9	12	454.08	37.84	.001	50.45		.02
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83		.00
	5					121.24		.03
OTHER	5	9	606.20	67.36	.000			
@HOME HEALTH AGENCY	3	12 \$	853.59	\$ 71.13	.001 \$.04
NURSE ANESTHESIST	4	6 \$	319.69	\$ 53.28	.000 \$	79.92	\$.02
NURSE MIDWIFE	2	3 \$	760.82	\$ 253.61	.000 \$	380.41	\$.04
PEDIATRIC NURSE PRACTITIONER		3 \$ 0 \$ 1 \$ 4,523 \$.00	\$.00	.000			.00
		0 Ş	75.17		.000 \$.00
FAMILY NURSE PRACTITIONER	1 1,079	1 500	/5.1/	\$ 75.17				
@TOTAL HOSPITAL	1,079	4,523 \$	1,501,448.74	\$ 331.96	.213 \$	1391.52	Ş	70.69
HOSP INPATIENT TOTAL	147	837	1,400,857.64	1673.67	.039	9529.64		65.96
HSC HOSPITALS	117	624	966,918.30	1549.55	.029	8264.26		45.53
NON-HSC HOSPITAL TOTAL	31	213	433,939.34	2037.27	.010	13998.04		20.43
ACCOMMODATIONS	31	213	117,701.41	552.59	.010	3796.82		5.54
ACCOMMODATIONS	31							
ADMINISTRATIVE DAYS	2	25	4,525.57	181.02	.001	2262.79		.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	29	188	113,175.84	602.00	.009	3902.62		5.33
ANCILLARIES	31	0	316,237.93	.00	.000	10201.22		14.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
ALL OIRER INPAILENT	31 2 0 29 31 0 0 959 187							
HOSP OUTPATIENT TOTAL	959		100,591.10	27.29	.174	104.89		4.74
MEDICAL	187	302	13,473.18	44.61	.014	72.05		.63
SURGERY	94	107	3,276.52	30.62	.005	34.86		.15
PATHOLOGY	288	1,277	15,728.27	12.32	.060	54.61		.74
RADIOLOGY	232	296	15,820.40	53.45	.014	68.19		.74
ROOM USE	771	975	36,693.52	37.63	.046	47.59		1.73
	357							.73
CROSSOVERS/ALL OTH OUTPTNT		729	15,599.21	21.40	.034	43.70		
@COUNTY HOSPITAL TOTAL	68	240 \$	139,616.41	\$ 581.74		2053.18	Ş	6.57
CO HOSPITAL INPATIENT TOTAL	44	139	136,604.16	982.76	.007	3104.64		6.43
HSC HOSPITALS	44	139	136,604.16	982.76	.007	3104.64		6.43
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0						
TRANSITIONAL IP CARE		Ü	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	25	101	3,012.25	29.82	.005	120.49		.14
	14	15	485.67	32.38	.001	34.69		.02
MEDICAL								
SURGERY	4	_ 6	141.22	23.54	.000	35.31		.01
PATHOLOGY	5	29	480.43	16.57	.001	96.09		.02
RADIOLOGY	4	4	161.26	40.32	.000	40.32		.01
ROOM USE	19	28	1,207.68	43.13	.001	63.56		.06
CROSSOVERS/ALL OTH OUTPTNT	9	19	535.99	28.21	.001	59.55		.03
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUTA						DΛ	GE 2,103
			IONTH-OF-PAIMENT R	EPORT FOR UAN	ZUUS IRKU DE	10 2003	PA	
MOP024	FEE-FOR-SERVICE							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR MEDICALLY I	NDIGENT - CHILDRE	N - TOTAL				
					MON	ITHLY AVERA	GE -	
21,239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL			1,361,832.33	\$ 317.96		1339.07		64.12
	1 017	4 283						
	1,017	4,283 \$					Ψ	
COMM HOSP INPATIENT TOTAL	104	698	1,264,253.48	1811.25	.033	12156.28	Τ	59.53
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	104 74	698 485	1,264,253.48 830,314.14	1811.25	.033	12156.28 11220.46	Ψ	59.53 39.09
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	104 74 31	698 485 213	1,264,253.48 830,314.14 433,939.34	1811.25 1711.99 2037.27	.033 .023 .010	12156.28 11220.46 13998.04	T	59.53 39.09 20.43
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	104 74	698 485	1,264,253.48 830,314.14	1811.25	.033	12156.28 11220.46	*	59.53 39.09

ADMINISTRATIVE DAYS	2	25	4,525.57		181.02	.001	2262.79		.21
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	29	188	113,175.84		602.00	.009	3902.62		5.33
ANCILLARIES	31	0	316,237.93		.00	.000	10201.22		14.89
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	938	3,585	97,578.85		27.22	.169	104.03		4.59
			9/,5/0.05		45.25				
MEDICAL	176	287	12,987.51		45.25	.014	73.79		.61
SURGERY	90	101	3,135.30		31.04	.005	34.84		.15
PATHOLOGY	283	1,248	15,247.84		12.22	.059	53.88		.72
RADIOLOGY	228	292	15,659.14		53.63	.014	68.68		.74
ROOM USE	756	947	35,485.84		37.47	.045	46.94		1.67
CROSSOVERS/ALL OTH OUTPTNT	348	710	15,063.22		21.22	.033	43.29		.71
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	9	258 \$			411.66		\$ 11800.92	Ċ	5.00
	0	250 \$.000	.00	Ą	
LEV A-INTERMEDIATE	0		.00		.00				.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	9	258	106,208.28		411.66	.012	11800.92		5.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ô	0 \$.00		.00	.000		Ġ	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00	Ÿ	.00
	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER								4	
@REHABILITATION FACILITY	17	239 \$	3,651.16		15.28	.011		Ş	.17
HOSPITAL BASED	6	12	566.76		47.23	.001	94.46		.03
INDEPENDENT FACILITY	11	227	3,084.40		13.59	.011	280.40		.15
@LABORATORY FACILITY	233	562 \$	8,714.24		15.51	.026		\$.41
PATHOLOGY	233	562	8,714.24		15.51	.026	37.40		.41
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,874	5,566 \$	1,270,094.03	\$	228.19	.262	\$ 327.85	\$	59.80
CLINIC	184	898	24,715.90		27.52	.042	134.33		1.16
SURGICENTER	1	8	284.68		35.59	.000	284.68		.01
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3,703	4,660	1,245,093.45		267.19	.219	336.24		58.62
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITI	CES AND EXPENDITURES			T EOD TAM	2002 TITIE		т	PAGE 2,104
			MONTH-OF-PAIMENT	REPOR	I FOR UAN	2003 IRC .	DEC 2003	1	
MOP024	FEE-FOR-SERVICE		TAID TOTAL CHILL DD		moma r				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	JICES FOR MEDICALLY	INDIGENT - CHILDR	EN -	TOTAL	3.6		. ~=	
							ONTHLY AVERA	AGE	
21,239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				S COST PER		COST PER
		OR DAYS OF CARE				PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	599	38,244 \$	107,975.26	\$	2.82	1.801	\$ 180.26	\$	5.08
DURABLE MED. EQUIP.	39	140	29,613.82		211.53	.007	759.33		1.39
BLOOD BANK	3	1,056	3,168.00		3.00	.050	1056.00		.15
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	121	1,770	35,243.24		19.91	.083	291.27		1.66
AMBULANCES/AIR TRANS	121	1,762	20,843.24		11.83	.083	172.26		.98
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	8	8	14,400.00		1800.00	.000	1800.00		.68
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	46	46	4,780.00		103.91	.002	103.91		.23
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00

OPTICIAN	152	316	2,712.59	8.58	.015	17.85	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	81	7,536.88	93.05	.004	471.06	.35
PROSTHETICS	15	80	7,492.80	93.66	.004	499.52	.35
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32	1,823.35	56.98	.002	455.84	.09
SPEECH AND AUDIOLOGY	5	50	2,180.94	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,382	15,301.88	11.07	.065	81.83	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	33,371	5,614.56	.17	1.571	155.96	.26
@CALIF. CHILDREN SERVICES*	283	2,853	\$ 621,704.75	\$ 217.91	.134	\$ 2196.84	\$ 29.27

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,105 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	Ô	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ô	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00
	0	0 \$.00	
@PHARMACY	0	0 \$ 0	.00	\$.00 .00	.000 \$.000	.00 \$.00	.00
PRESCRIPTION DRUGS	0	0			.000		
SNF/ICF	0	0	.00	.00		.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	_	.00	.00	.000	.00	.00
@DENTIST	0	0 \$ 0	.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	· ·	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MOP024 FEE-FOR-SERVICE/DENTAL CONTRA COSTA COUNT SUMMARY OF SERVICES FOR

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 2,106

----- MONTHLY AVERAGE -----

01/29/04

					MON1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
	0	-	.00				
OTHER OPTOMETRIC SERVICES	U	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ü						
RADIO./PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	Ô	0 \$ 0 \$ 0 \$ 0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 4	.00	\$.00	.000 \$.00 \$.00
	0	0 Ş					
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	Ô	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	Ô	Ô	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	n	Û	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	n	ñ	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ROOM USE	U						.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	ZUUS THRU DEC	2003	PAGE 2,107

MOP024 CONTRA COSTA COUNT FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR MIA - N	0 500	AID PAID PEND.	TING	AID CODE	0.1			αn	
OO ELIGIDIES	HOEDC	INTEG OF CERTICE		EXPENDIMINE	7. 7. 7.		M				COCH DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	•	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	4 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00			.00		
	0	0					.000				.00
LEV B-REGULAR	U	0		.00	4	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00					.00		
SURGICENTER	0	0				.00	.000				.00
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPOR'	r for Jan 2	2003 THRU	DEC	2003	P	AGE 2,108
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIA - N	O SOC	C - AID PAID PEND	ING	AID CODE					
							M	TNO	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0	•	.00	•	.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DIOOD DIMIN	Ü	Ŭ		.00		.00	.000		.00		• • • •

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	AC A CEDADATE T	NEODMATION ITEM OF	JT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,109
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MO	ONTHLY AVERAG	E
1,072 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,092	6,902	\$ 703,487.35	\$ 101.93	6.438	\$ 644.22	\$ 656.24
@PHYSICIANS SERVICES	432	2,087	\$ 88,506.32	\$ 42.41	1.947	\$ 204.88	\$ 82.56
OUTPATIENT VISITS	214	805	21,919.74	27.23	.751	102.43	20.45
OFFICE VISITS	41	47	2,243.61	47.74	.044	54.72	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	113	6,382.95	56.49	.105	65.80	5.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	635	13,029.49	20.52	.592	158.90	12.15
OTHER OUTPATIENT	10	10	263.69	26.37	.009	26.37	.25
INPATIENT VISITS	75	189	9,681.15	51.22	.176	129.08	9.03
HOSPITAL VISITS	73	176	7,112.96	40.41	.164	97.44	6.64
CRITICAL CARE	3	13	2,568.19	197.55	.012	856.06	2.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	344	32,498.49	94.47	.321	369.30	30.32
PRINCIPAL SURGEON	60	76	23,983.68	315.57	.071	399.73	22.37
ASSISTANT SURGEON	8	8	1,338.94	167.37	.007	167.37	1.25
ANESTHESIOLOGIST	43	260	7,175.87	27.60	.243	166.88	6.69
OUTPATIENT SURGERY	57	117	9,846.08	84.15	.109	172.74	9.18
PRINCIPAL SURGEON	55	72	8,265.73	114.80	.067	150.29	7.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	45	1,580.35	35.12	.042	68.71	1.47

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	100	290	2,235.17	7.71	.271	22.35	2.09
RADIOLOGY	142	170	8,453.56	49.73	.159	59.53	7.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	65	899.99	13.85	.061	32.14	.84
OTHER SERVICES/ALL X-OVERS	68	106	2,914.35	27.49	.099	42.86	2.72
@PHARMACY	193	667	\$ 11,136.19	\$ 16.70	.622	\$ 57.70	\$ 10.39
PRESCRIPTION DRUGS	180	388	9,515.46	24.52	.362	52.86	8.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	180	388	9,515.46	24.52	.362	52.86	8.88
MEDICAL SUPPLIES	19	279	1,620.73	5.81	.260	85.30	1.51
@DENTIST	59	345	\$ 12,425.00	\$ 36.01	.322	\$ 210.59	\$ 11.59
VISITS - DIAGNOSTIC	46	217	2,749.00	12.67	.202	59.76	2.56
ORAL SURGERY	17	39	2,752.00	70.56	.036	161.88	2.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	318.00	159.00	.002	159.00		.30
ENDODONTICS	3	4	890.00	222.50	.004	296.67		.83
RESTORATIVE DENTISTRY	20	73	5,405.00	74.04	.068	270.25	5.	.04
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	8	311.00	38.88	.007	311.00		. 29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	2	.00	.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2	2,110
MOP024	FEE-FOR-SERVICE/DENTAL						01/2	29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	R MIA - NO SO	C - PREGNANT	AID CODE	86			
					MONTH	HLY AVERAC	SE	

CONTRA COSTA COUNT	SUMMARY OF SERV	/ICES FOR MIA	NO SO	C - PREGNANT		AID CODE	86				
							M	ONT	HLY AVERA	GE	
1,072 ELIGIBLES	USERS	UNITS OF SERVIC	FC	EXPENDITURES	Δ17	ERAGE COST	IINTTS/DAY	S	COST PER		COST PER
1,072 111011110	OBLICE	OR DAYS OF CAR		DMI DINDITORED		R UNIT/DAY			USER		ELIGIBLE
	_			F00 F0							
@OPTOMETRIST	6	23	\$	789.73	\$	34.34	.021	Ş		Ş	.74
DIAGNOSTIC AND ANC. PROCED	6	6		270.30		45.05	.006		45.05		.25
EYE APPLIANCES	6	17		519.43		30.55	.016		86.57		.48
OTHER OPTOMETRIC SERVICES	Ō	0		.00		.00	.000		.00		.00
	0		d		4			4		4	
@CHIROPRACTOR	Ü	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		٧	.00	٧	.00	.000	٧	.00	Υ.	.00
	0	0									
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	8	\$		\$	52.50	.007	Š	83.99	\$.39
NURSE ANESTHESIST	4	16	\$	411.76	\$	25.74	.015	\$	102.94	\$.38
	4										
NURSE MIDWIFE	1	18	\$	1,631.62	\$	90.65		\$	1631.62	\$	1.52
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	241	1,083	ć			304.95	1.010		1370.36		308.08
	69		Ą		Ą		21.010	Ą		Ą	
HOSP INPATIENT TOTAL		232		311,156.92		1341.19	.216		4509.52		290.26
HSC HOSPITALS	61	206		278,178.68		1350.38	.192		4560.31		259.50
NON-HSC HOSPITAL TOTAL	8	26		32,978.24		1268.39	.024		4122.28		30.76
ACCOMMODATIONS	8	26		13,284.73		510.95	.024		1660.59		12.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0										
TRANSITIONAL IP CARE	Ū	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	26		13,284.73		510.95	.024		1660.59		12.39
ANCILLARIES	8	0		19,693.51		.00	.000		2461.69		18.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	185										
HOSP OUTPATIENT TOTAL		851		19,099.83		22.44	.794		103.24		17.82
MEDICAL	15	26		684.96		26.34	.024		45.66		.64
SURGERY	23	32		755.63		23.61	.030		32.85		.70
PATHOLOGY	91	395		4,412.18		11.17	.368		48.49		4.12
RADIOLOGY	47	56		3,519.91		62.86	.052		74.89		3.28
	130								53.88		6.53
ROOM USE		192		7,003.89		36.48	.179				
CROSSOVERS/ALL OTH OUTPTNT		150		2,723.26		18.16	.140		38.36		2.54
@COUNTY HOSPITAL TOTAL	48	234	\$	98,341.45	\$	420.26	.218	\$	2048.78	\$	91.74
CO HOSPITAL INPATIENT TOTAL	29	84		94,720.38		1127.62	.078		3266.22		88.36
HSC HOSPITALS	29	84		94,720.38		1127.62	.078		3266.22		88.36
	0	0									
NON-HSC HOSPITALS TOTAL	_			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	Ü	U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0	0		.00		00 .000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	150		3,621.07	24.			181.05		3.38
MEDICAL MEDICAL	0	0		.00		00 .000		.00		.00
SURGERY	10	13		393.47	30.			39.35		.37
PATHOLOGY	9	60		1,125.51	18.			125.06		1.05
RADIOLOGY	0	0		.00		00 .000		.00		.00
ROOM USE	12	34		1,348.92	39.	67 .032	}	112.41		1.26
CROSSOVERS/ALL OTH OUTPTNT	17	43		753.17	17.	52 .040	1	44.30		.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT FOR	JAN 2003 THRU	DEC	2003	P	AGE 2,111
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIA -	NO SO	C - PREGNANT	AID	CODE 86				
								CHLY AVERA		
1,072 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		COST UNITS/DA		COST PER		COST PER
	100	OR DAYS OF CAR		001 015 00		/DAY PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	849	\$	231,915.30	\$ 273.		\$		Ş	216.34
COMM HOSP INPATIENT TOTAL	41	148		216,436.54	1462.			5278.94		201.90
HSC HOSPITALS	33	122		183,458.30	1503.			5559.34		171.14
NON-HSC HOSPITALS TOTAL	8	26		32,978.24	1268.			4122.28		30.76
ACCOMMODATIONS	0	26 0		13,284.73	510.			1660.59		12.39
ADMINISTRATIVE DAYS	0	0		.00		00 .000		.00		.00
TRANSITIONAL IP CARE	0	26		.00 13,284.73	510.	00 .000		.00 1660.59		.00 12.39
ALL OTHER ACCOM ANCILLARIES	8	26		19,693.51				2461.69		18.37
	0	0		19,693.51				.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		00 .000		.00		.00
COMM HOSP OUTPATIENT TOTAL	166	701		15,478.76	22.			93.25		14.44
MEDICAL	15	26		684.96	26.			45.66		.64
SURGERY	13	19		362.16	19.			27.86		.34
PATHOLOGY	82	335		3,286.67	9.			40.08		3.07
RADIOLOGY	47	56		3,519.91	62.			74.89		3.28
ROOM USE	118	158		5,654.97	35.			47.92		5.28
CROSSOVERS/ALL OTH OUTPTNT		107		1,970.09	18.			36.48		1.84
@STATE HOSPITAL	0	0	\$.00		00 .000		.00	Ġ	.00
MENTALLY ILL	0	0	4	.00	•	00 .000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		00 .000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.	00 .000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		00 .000		.00		.00
LEV B-REHAB MD	0	0		.00		00 .000	1	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		00 .000)	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00 .000	1	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	1	.00		.00
LEV B-REGULAR	0	0		.00		.000	1	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	•	.000		.00	\$.00
ICF DDH	0	0		.00		.000		.00		.00
ICF DD	0	0		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.000		.00	4.	.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.000		.00	\$.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00	4.	.00
@REHABILITATION FACILITY	0	0	\$.00		.000		.00	\$.00
HOSPITAL BASED	0	0		.00		00 .000		.00		.00
INDEPENDENT FACILITY	150	0	4	.00		00 .000		.00	۲,	.00
@LABORATORY FACILITY	158	499	\$	7,409.17	\$ 14.			46.89	\$	6.91
PATHOLOGY	158 0	499		7,409.17	14.			46.89		6.91
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	519	0 1,998	\$.00 242,316.69	\$ 121.	00 .000 28 1.864		.00 466.89	بخ	.00 226.04
CLINIC CLINIC	226	1,334	Ą	41,790.87	\$ 121. 31.			184.92	\$	38.98
SURGICENTER	0	1,334		.00		00 .000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		00 .000		.00		.00
THEOLIN PHION CHINIC	U	U		.00	•	.000	•	.00		.00

310 RURAL HEALTH CLINIC 664 200,525.82 302.00 .619 646.86 187.06 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,112 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

CONTRA COSTA COUNT	SUMMARY OF SERVICE	IS FOR MIA -	NO SOC -	- PREGNANI	AID CODE	86		
						MO	NTHLY AVERA	AGE
1,072 ELIGIBLES	USERS UN	NITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	OR DAYS OF CAR	?E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	89	158	\$	8,184.16	\$ 51.80	.147		\$ 7.63
DURABLE MED. EQUIP.	1	1		99.99	99.99	.001	99.99	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	74		1,847.54	24.97	.069	108.68	1.72
AMBULANCES/AIR TRANS	17	74		1,847.54	24.97	.069	108.68	1.72
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	58	58		5,861.00	101.05	.054	101.05	5.47
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	23		206.43	8.98	.021	17.20	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		169.20	84.60	.002	84.60	.16
PROSTHETICS	2	2		169.20	84.60	.002	84.60	.16
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	128	\$	89,850.32	\$ 701.96	.119	\$ 12835.76	\$ 83.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE G	IVEN AS A SEPARATE	INFORMATION	ITEM ONI	LY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,113 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

001.1141 000111 0001.1	DOIMMET OF DET	VIOLO I 010 11211 110 D	00 10111111				
					MON	THLY AVERA	GE
1,072 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,092	6,902 \$	703,487.35	\$ 101.93	6.438	644.22	\$ 656.24
@PHYSICIANS SERVICES	432	2,087 \$	88,506.32	\$ 42.41	1.947	204.88	\$ 82.56
OUTPATIENT VISITS	214	805	21,919.74	27.23	.751	102.43	20.45
OFFICE VISITS	41	47	2,243.61	47.74	.044	54.72	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	113	6,382.95	56.49	.105	65.80	5.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	635	13,029.49	20.52	.592	158.90	12.15
OTHER OUTPATIENT	10	10	263.69	26.37	.009	26.37	.25
INPATIENT VISITS	75	189	9,681.15	51.22	.176	129.08	9.03
HOSPITAL VISITS	73	176	7,112.96	40.41	.164	97.44	6.64
CRITICAL CARE	3	13	2,568.19	197.55	.012	856.06	2.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	1		57.79		57.79	.001		57.79		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	88	344		32,498.49		94.47	.321		369.30		30.32
PRINCIPAL SURGEON	60	76		23,983.68		315.57	.071		399.73		22.37
ASSISTANT SURGEON	8	8		1,338.94		167.37	.007		167.37		1.25
ANESTHESIOLOGIST	43	260		7,175.87		27.60	.243		166.88		6.69
OUTPATIENT SURGERY	57	117		9,846.08		84.15	.109		172.74		9.18
PRINCIPAL SURGEON	55	72		8,265.73		114.80	.067		150.29		7.71
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	23	45		1,580.35		35.12	.042		68.71		1.47
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	100	290		2,235.17		7.71	.271		22.35		2.09
RADIOLOGY	142	170		8,453.56		49.73	.159		59.53		7.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	28	65		899.99		13.85	.061		32.14		.84
OTHER SERVICES/ALL X-OVERS	68	106		2,914.35		27.49	.099		42.86		2.72
@PHARMACY	193	667	\$	11,136.19	\$	16.70	.622	\$	57.70	\$	10.39
PRESCRIPTION DRUGS	180	388	•	9,515.46	·	24.52	.362	•	52.86		8.88
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	180	388		9,515.46		24.52	.362		52.86		8.88
MEDICAL SUPPLIES	19	279		1,620.73		5.81	.260		85.30		1.51
@DENTIST	59	345	\$	12,425.00	\$	36.01	.322	\$	210.59	\$	11.59
VISITS - DIAGNOSTIC	46	217		2,749.00		12.67	.202		59.76	-	2.56
ORAL SURGERY	17	39		2,752.00		70.56	.036		161.88		2.57
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		318.00		159.00	.002		159.00		.30
ENDODONTICS	3	4		890.00		222.50	.004		296.67		.83
RESTORATIVE DENTISTRY	20	73		5,405.00		74.04	.068		270.25		5.04
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	8		311.00		38.88	.007		311.00		.29
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MON	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,114
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR MIA - NO	SOC	- TOTAL							
							N	IONT	HLY AVERA	GE	
1 070 BITGIBIES	TIODDO INTE	C OF CERTICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D 7 G D G G G	D TINTEMO / DAT		COCH DED		COCH DED

1,072 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	6	23	\$ 789.73	\$	34.34	.021	\$	131.62	\$.74
DIAGNOSTIC AND ANC. PROCED	6	6	270.30		45.05	.006		45.05	.25
EYE APPLIANCES	6	17	519.43		30.55	.016		86.57	.48
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	5	8	\$ 419.96	\$	52.50	.007	\$	83.99	\$.39
NURSE ANESTHESIST	4	16	\$ 411.76	\$	25.74	.015	\$	102.94	\$.38
NURSE MIDWIFE	1	18	\$ 1,631.62	\$	90.65	.017	\$	1631.62	\$ 1.52
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	241	1,083	\$ 330,256.75	\$	304.95	1.010	\$	1370.36	\$ 308.08

HOSP INPATIENT TOTAL	69	232	311,156.92	1341.19	.216	4509.52	290.26
HSC HOSPITALS	61	206	278,178.68	1350.38	.192	4560.31	259.50
NON-HSC HOSPITAL TOTAL	8	26	32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26	13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	185	851	19,099.83	22.44	.794	103.24	17.82
MEDICAL	15	26	684.96	26.34	.024	45.66	.64
SURGERY	23	32	755.63	23.61	.030	32.85	.70
PATHOLOGY	91	395	4,412.18	11.17	.368	48.49	4.12
RADIOLOGY	47	56	3,519.91	62.86	.052	74.89	3.28
ROOM USE	130	192	7,003.89	36.48	.179	53.88	6.53

CROSSOVERS/ALL OTH OUTPTNT	71	150	2,723.26	18.16	.140	38.36	2.54
@COUNTY HOSPITAL TOTAL	48	234 \$	98,341.45	\$ 420.26	.218 \$	2048.78	\$ 91.74
CO HOSPITAL INPATIENT TOTAL	29	84	94,720.38	1127.62	.078	3266.22	88.36
HSC HOSPITALS	29	84	94,720.38	1127.62	.078	3266.22	88.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	150	3,621.07	24.14	.140	181.05	3.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	10	13	393.47	30.27	.012	39.35	.37
PATHOLOGY	9	60	1,125.51	18.76	.056	125.06	1.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	12	34	1,348.92	39.67	.032	112.41	1.26
CROSSOVERS/ALL OTH OUTPTNT	17	43	753.17	17.52	.040	44.30	.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,115
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

CONTRA COSTA COUNT	SUMMARI OF SER	VICES FOR MIA - NO	, 200 -	- IOIAL				an.
4 050							NTHLY AVERA	
1,072 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	849	\$	231,915.30	\$ 273.16	.792		
COMM HOSP INPATIENT TOTAL	41	148		216,436.54	1462.41	.138	5278.94	201.90
HSC HOSPITALS	33	122		183,458.30	1503.76	.114	5559.34	171.14
NON-HSC HOSPITALS TOTAL	8	26		32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26		13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26		13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0		19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	701		15,478.76	22.08	.654	93.25	14.44
MEDICAL	15	26		684.96	26.34	.024	45.66	.64
SURGERY	13	19		362.16	19.06	.018	27.86	.34
PATHOLOGY	82	335		3,286.67	9.81	.313	40.08	3.07
RADIOLOGY	47	56		3,519.91	62.86	.052	74.89	3.28
ROOM USE	118	158		5,654.97	35.79	.147	47.92	5.28
CROSSOVERS/ALL OTH OUTPTNT	54	107		1,970.09	18.41	.100	36.48	1.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	158	499	\$	7,409.17	\$	14.85	.465	\$	46.89	\$	6.91
PATHOLOGY	158	499		7,409.17		14.85	.465		46.89		6.91
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	519	1,998	\$	242,316.69	\$	121.28	1.864	\$	466.89	\$	226.04
CLINIC	226	1,334		41,790.87		31.33	1.244		184.92		38.98
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	310	664		200,525.82		302.00	.619		646.86		187.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES M	MONTH-OF-PAYMENT	REPOR'	T FOR JAN	2003 THRU	DEC 2	2003	PI	AGE 2,116
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIA -	NO SC	C - TOTAL							
							M	ONTHI	LY AVERA	GE -	
1,072 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	T UNITS/DAY	S C	OST PER	(COST PER
		OR DAYS OF CA	RE		PE:	R UNIT/DAY	Y PER ELIG		USER	I	ELIGIBLE

1,072 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
ONLI OMUED DDOUIDEDG	0.0	OR DAYS OF CARE		0 104 16	PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	89	158	\$	8,184.16	\$ 51.80	.147		Ş	7.63
DURABLE MED. EQUIP.	1	1		99.99	99.99	.001	99.99		.09
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	17	74		1,847.54	24.97	.069	108.68		1.72
AMBULANCES/AIR TRANS	17	74		1,847.54	24.97	.069	108.68		1.72
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	58	58		5,861.00	101.05	.054	101.05		5.47
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	12	23		206.43	8.98	.021	17.20		.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	2		169.20	84.60	.002	84.60		.16
PROSTHETICS	2	2		169.20	84.60	.002	84.60		.16
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	7	128	Ś	89,850.32			\$ 12835.76	\$	83.82
@XOVER EXCLUDING STATE HOSP**	0	0	Ė	.00	\$.00		\$.00		.00
* TOTAL IN THESE LINES ARE CIV	מבאז אכ א כברואם	ATE TATEODMATE TATE	TATE IN T	ONT W:				т.	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCHODED .	IN THE APPROPRIATE DETAIL	LINES ABOVE.		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MONTH-OF-PAYMENT	REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,117
MOP024	FEE-FOR-SERVICE/DENTAL			01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	R MIA - SOC - LTC	AID CODE 53	

							Mo	ТИС	THLY AVERA	ωGE	
74 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	108	3,116	\$	198,219.11	\$	63.61	42.108	\$	1835.36	\$	2678.64
@PHYSICIANS SERVICES	33	58	\$	2,819.97	\$	48.62	.784	\$	85.45	\$	38.11
OUTPATIENT VISITS	12	12		735.07		61.26	.162		61.26		9.93
OFFICE VISITS	4	4		184.30		46.08	.054		46.08		2.49

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	8	8		550	0.77		68.85	.108		68.85		7.44
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	16	29		1,08	5.93		37.45	.392		67.87		14.67
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	16	29		1,08	5.93		37.45	.392		67.87		14.67
OPHTHALMOLOGICAL SERVICES	1	1		5'	7.79		57.79	.014		57.79		.78
EXAMINATIONS	1	1		5'	7.79		57.79	.014		57.79		.78
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	2		370	0.90		185.45	.027		185.45		5.01
PRINCIPAL SURGEON	2	2		370	0.90		185.45	.027		185.45		5.01
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	1	3		8	3.36		2.79	.041		8.36		.11
RADIOLOGY	5	6		280	5.49		47.75	.081		57.30		3.87
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		27!	5.43		55.09	.068		91.81		3.72
@PHARMACY	62	492	\$	23,269		\$	47.30	6.649	\$		\$	314.45
PRESCRIPTION DRUGS	59	462	•	22,08		•	47.80	6.243		374.33		298.46
SNF/ICF	46	397		18,66			47.01	5.365		405.72		252.20
OUTPATIENTS	14	65		3,42			52.66	.878		244.47		46.25
MEDICAL SUPPLIES	14	30		1,18			39.45	.405		84.54		15.99
@DENTIST	3	3	\$	•	0.00	\$	30.00	.041	\$	30.00	\$	1.22
VISITS - DIAGNOSTIC	3	3	•		0.00	•	30.00	.041		30.00		1.22
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITE	IRES	MONTH-OF-PAYM		EPORT			DEC		Р	AGE 2,118
MOP024	FEE-FOR-SERVICE		-			-						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV		SOC	- LTC			AID CODE	53				. , . ,
			-						ONT	HLY AVERA	GE	
74 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDIT	JRES	AVE:	RAGE COST	UNITS/DAY		COST PER		COST PER
	-	OR DAYS OF CAR						PER ELIG		USER		ELIGIBLE
@ODTOMETD I CT	1	1	4	10) E 6		2E 1/	0E4		100 56		

4 1 @OPTOMETRIST 100.56 25.14 .054 \$ 100.56 \$ 1.36 47.45 47.45 47.45 DIAGNOSTIC AND ANC. PROCED .014 .64 EYE APPLIANCES 3 53.11 17.70 .041 53.11 .72 0 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 0 0 @PODIATRIST 0 \$.00 \$.00 .000 \$.00 \$.00

	_		_								
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	3		14	\$	1,005.70	\$	71.84	.189 \$		\$	13.59
NURSE ANESTHESIST	0		0	۲.	.00	Ċ.	.00	.000 \$		\$.00
	0		0	ې بې		٠ ب					
NURSE MIDWIFE	U			Þ	.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER			0	Ş	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000 \$.00
@TOTAL HOSPITAL	20		91	\$	1,454.39	\$	15.98	1.230 \$	72.72	\$	19.65
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		Ô		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00		.00		.00
TRANSITIONAL IP CARE	0		0					.000			
ALL OTHER ACCOM	U		Ü		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	20		91		1,454.39		15.98	1.230	72.72		19.65
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	1		1		16.63		16.63	.014	16.63		.22
PATHOLOGY	15		70		705.00		10.07	.946	47.00		9.53
RADIOLOGY	1		1		190.94		190.94	.014	190.94		2.58
ROOM USE	6		12		440.88		36.74	.162	73.48		5.96
	0										
CROSSOVERS/ALL OTH OUTPTNT	4		7		100.94	4	14.42	.095	25.24		1.36
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000	.00		.00
ANCILLARIES	0		Ô		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
	0		0				.00				
ALL OTHER INPATIENT	0		0		.00			.000	.00		.00
CO HOSP OUTPATIENT TOTAL	U		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
		CES AND EXE	PENDITU	IRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU DE		P	AGE 2,119
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV		ΜΤΔ –	SOC	- I.TC		AID CODE	53			01,20,01
CONTINU CODINI CODINI	Bornanci Oi Believ	TCDD TOR	1-1221	DOC	ше		MID CODE	MON	מקקע ע.דעדו	CF	
74 ELIGIBLES	USERS	UNITS OF	CEDVITO	יםי	EXPENDITURES	74 7 7 7 7	יסאכד מסמיי	UNITS/DAYS			COST PER
\.4 FTTQTDTF9	CALKS				FVLFNDTIOKF2						
OCOMMUNITARY HOODIERS HOTTS	2.2	OR DAYS			1 454 30			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20		91	\$	1,454.39	\$		1.230 \$		Ş	19.65
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		Ω		0.0		0.0	000	0.0		0.0

HSC HOSPITALS .00 0 .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	91	1,454.39	15.98	1.230	72.72	19.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	16.63	16.63	.014	16.63	.22
PATHOLOGY	15	70	705.00	10.07	.946	47.00	9.53
RADIOLOGY	1	1	190.94	190.94	.014	190.94	2.58
ROOM USE	6	12	440.88	36.74	.162	73.48	5.96
CROSSOVERS/ALL OTH OUTPTNT	4	7	100.94	14.42	.095	25.24	1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	1,052	\$ 146,357.09	\$ 139.12	14.216	\$ 6363.35	\$ 1977.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	73	27,085.42	371.03	.986	13542.71	366.02

LEV B-SUBACUTE HSPTL BASED	0	0	.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00)	.00	.000		.00		.00
LEV B-REGULAR	21	979	119,271.67	1	121.83	13.230		5679.60		1611.78
@INTERMEDIATE CARE FACILDD	0	0 \$; .00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00)	.00	.000		.00		.00
ICF DD	0	0	.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$; .00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$; .00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	2	14 \$	59.26	\$	4.23	.189	\$	29.63	\$.80
PATHOLOGY	2	14	59.26)	4.23	.189		29.63		.80
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	51	\$ 15,884.39	\$	311.46	.689	\$	567.30	\$	214.65
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	28	51	15,884.39)	311.46	.689		567.30		214.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	003 THRU	DEC	2003	P.	AGE 2,120
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

----- MONTHLY AVERAGE ------

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		GE COST	UNITS/DAY PER ELIG		ST PER USER		OST PER LIGIBLE
@ALL OTHER PROVIDERS	28	1,337	\$	7,178.45		5.37	18.068		256.37		97.01
DURABLE MED. EQUIP.	20	54	Ą	1,694.09		3.37	.730		564.70	Ą	22.89
BLOOD BANK		0		1,094.09		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	18	225		4,427.88		.00 L9.68	3.041		245.99		59.84
AMBULANCES/AIR TRANS	14	189		2,392.79		L2.66	2.554		170.91		32.34
OTHER TRANS	T.4	34		2,392.79		6.57	.459		44.65		3.02
OTHER TRANS	2	2		1,811.86		0.57	.027		905.93		24.48
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	0		28.36		.00 L4.18	.027		28.36		.38
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	2	6		154.38		25.73	.081		77.19		2.09
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	6	1,050		873.74		.83	14.189		145.62		11.81
@CALIF. CHILDREN SERVICES*	0	1,050	ċ.	.00		.00	.000		.00	Ċ	.00
@XOVER EXCLUDING STATE HOSP**	0	0	Ģ Ģ	.00	•	.00		\$ \$.00	\$ \$.00
@* TOTAL TALTER TARE ADE CIVE	ט אר אר א פער או	U DATE TATEODMATTON I	.dem €		Ą	.00	.000	Ą	.00	Ą	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,121

01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 27 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,122 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

27 ELIGIBLES		ITS OF SERVICE R DAYS OF CARE	EXPENDITURES		RAGE COST (UNIT/DAY		COST PER USER		ST PER IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	٧	.00	.000	.00	٧	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
	0		.00				.00	بخ	
@CHIROPRACTOR	0	ν τ		\$.00	.000 \$		\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	2	10 \$	284.00	\$	28.40	.370 \$	142.00	\$	10.52
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	11	23 \$	2,847.36	\$	123.80	.852 \$	258.85	\$	105.46
HOSP INPATIENT TOTAL	6	11	2,669.55	•	242.69	.407	444.93		98.87
HSC HOSPITALS	6	11	2,669.55		242.69	.407	444.93		98.87
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
	6	12	177.81		14.82				6.59
HOSP OUTPATIENT TOTAL	0	0	177.81		.00	.444	29.64 .00		.00
MEDICAL	0	0				.000			
SURGERY	0	Ü	.00		.00	.000	.00		.00
PATHOLOGY	2	5	30.37		6.07	.185	15.19		1.12
RADIOLOGY	U	0	.00		.00	.000	.00		.00
ROOM USE	5	6	141.06		23.51	. 222	28.21		5.22
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.38		6.38	.037	6.38		.24
@COUNTY HOSPITAL TOTAL	2	4 \$	1,666.54		416.64	.148 \$	833.27	Ş	61.72
CO HOSPITAL INPATIENT TOTAL	2	4	1,666.54		416.64	.148	833.27		61.72
HSC HOSPITALS	2	4	1,666.54		416.64	.148	833.27		61.72
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	Ō	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ō	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES							PAG	E 2,123
MOP024	FEE-FOR-SERVICE/DE			01.1					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE		- PREGNANT		AID CODE 8	37			,, 0 1
					0000		ת מינוד ע אינויים	αn	

		OR DAYS OF CARE				סיות	UNIT/DAY	סבס	ET TO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	19	\$	1 .	180.82	\$	62.15		704		131.20	\$	43.73
COMM HOSP INPATIENT TOTAL	4	7	٧		003.01	٧	143.29		259	Y	250.75	Y	37.15
HSC HOSPITALS	4	7			003.01		143.29		259		250.75		37.15
NON-HSC HOSPITALS TOTAL	0	0		-/	.00		.00		000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	12			L77.81		14.82		444		29.64		6.59
MEDICAL	0	0			.00		.00		000		.00		.00
SURGERY	0	0			.00		.00		000		.00		.00
PATHOLOGY	2	5			30.37		6.07		185		15.19		1.12
RADIOLOGY	0	0			.00		.00		000		.00		.00
ROOM USE	5	6		-	L41.06		23.51		222		28.21		5.22
CROSSOVERS/ALL OTH OUTPTNT	1	1			6.38		6.38		037		6.38		.24
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00
MENTALLY ILL	0	0	•		.00	-	.00		000	-	.00		.00
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00		000		.00		.00
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
LEV B-REGULAR	0	0			.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	\$.00	\$.00
ICF DDH	0	0			.00		.00		000		.00		.00
ICF DD	0	0			.00		.00		000		.00		.00
ICF DDN/DDCN	0	0	_		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
HEMODIALYSIS CENTER	U	0			.00		.00		000	4	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	0	0	\$.00	\$.00 .00		000	\$.00	\$.00
PATHOLOGY	0	0	Ą		.00	Ą	.00		000	Ą	.00	Ą	.00
XO AND OTHERS	0	0			.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	12	\$	٦ ١	568.00	\$	297.33		444	Ċ	396.44	\$	132.15
CLINIC	Ó	0	٧	5,.	.00	٧	.00		000	Y	.00	Y	.00
SURGICENTER	0	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		.00
RURAL HEALTH CLINIC	9	12		3,5	568.00		297.33		444		396.44		132.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	•		EPORT				DEC		F	AGE 2,124
MOP024	FEE-FOR-SERVICE												01/29/04
CONTRA COSTA COUNT		ICES FOR MIA - SO	OC -	- PREGNANT			AID CODE	87					
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPEND:	ITURES								COST PER
	_	OR DAYS OF CARE					UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00		000		.00	\$	
DURABLE MED. EQUIP.	0	0			.00		.00		000		.00		.00
BLOOD BANK	0	0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00		000		.00		.00
AMBULANCES/AIR TRANS OTHER TRANS	0	0			.00		.00 .00		000		.00		.00 .00
CIUEV LVAUIO	U	U			.00		.00	•	000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,125 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR MIA - S	50C -	TOTAL		MON	אסשוא אזזיים	CF	
101 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER	1GE	COST PER
TOT EDIGIBLES	ODERD	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	131	3,190	\$	207,043.25	\$ 64.90	31.584		\$	2049.93
@PHYSICIANS SERVICES	42	86	\$	4,934.79	\$ 57.38	.851			48.86
OUTPATIENT VISITS	14	14	Y	854.84	61.06	.139	61.06	Ÿ	8.46
OFFICE VISITS	5	5		259.47	51.89	.050	51.89		2.57
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	9	9		595.37	66.15	.089	66.15		5.89
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	19	35		1,657.43	47.36	.347	87.23		16.41
HOSPITAL VISITS	3	4		164.86	41.22	.040	54.95		1.63
CRITICAL CARE	1	2		406.64	203.32	.020	406.64		4.03
SNF/ICF/TRANS IP CARE	16	29		1,085.93	37.45	.287	67.87		10.75
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.45	.010	57.79		.57
EXAMINATIONS	1	1		57.79	57.79	.010	57.79		.57
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	6		1,007.90	167.98	.059	335.97		9.98
PRINCIPAL SURGEON	3	6		1,007.90	167.98	.059	335.97		9.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	3	3		539.55	179.85	.030	179.85		5.34
PRINCIPAL SURGEON	3	3		539.55	179.85	.030	179.85		5.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	14		159.50	11.39	.139	31.90		1.58
RADIOLOGY	5	6		286.49	47.75	.059	57.30		2.84
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	7		371.29	53.04	.069	74.26		3.68
@PHARMACY	63	493	\$	23,279.26	\$ 47.22	4.881 \$		Ś	230.49
PRESCRIPTION DRUGS	60	463	т	22,095.65	47.72	4.584	368.26	Ψ.	218.77
SNF/ICF	46	397		18,663.08	47.01	3.931	405.72		184.78
OUTPATIENTS	15	66		3,432.57	52.01	.653	228.84		33.99
MEDICAL SUPPLIES	14	30		1,183.61	39.45	.297	84.54		11.72
@DENTIST	3	3	\$	90.00	\$ 30.00	.030		Ś	.89
VISITS - DIAGNOSTIC	3	3	т	90.00	30.00	.030	30.00	Ψ.	.89
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	Ö	0		.00	.00	.000	.00		.00
5.5									

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,126
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----101 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 4 100.56 25.14 .040 S 100.56 \$ 1.00 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .010 47.45 .47 17.70 53.11 EYE APPLIANCES 53.11 .030 .53 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 .000 .00 . 00 . 00 VISITS OTHER SERVICES 0 .00 .000 .00 .00 .00 \$.00 @PODIATRIST .000 \$.00 \$.00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 SURGERY/ANES. .00 .00 Ω .000 RADIO./PATHOLOGY Ω . 00 OTHER Ο .00 .00 .000 .00 .00 335.23 @HOME HEALTH AGENCY 14 1,005.70 \$ 71.84 .139 \$ 9.96 NURSE ANESTHESIST 10 284.00 \$ 28.40 .099 \$ 142.00 \$ 2.81 NURSE MIDWIFE .00 .000 \$ 0 .00 .00 Ś .00 .00 0 .00 \$.000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$.00 \$.00 31 4,301.75 37.73 @TOTAL HOSPITAL 114 1.129 138.77 \$ \$ 42.59 HOSP INPATIENT TOTAL 11 2,669.55 242.69 .109 444.93 26.43 HSC HOSPITALS 11 2,669.55 242.69 .109 444.93 26.43 0 .00 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 . 00 ACCOMMODATIONS . 00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 0 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 103 1,632.20 15.85 1.020 62.78 16.16 .000 .00 MEDICAL 0 0 .00 .00 .00 16.63 .010 SURGERY 1 1 16.63 16.63 .16 7.28 17 75 735.37 9.80 .743 43.26 PATHOLOGY RADIOLOGY 1 190.94 190.94 .010 190.94 1.89 11 18 581.94 32.33 .178 52.90 5.76 ROOM USE 107.32 13.42 .079 21.46 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 1,666.54 \$ 416.64 .040 S 833.27 \$ 16.50 CO HOSPITAL INPATIENT TOTAL 833.27 1,666.54 416.64 .040 16.50 833.27 HSC HOSPITALS 1,666.54 416.64 .040 16.50 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .000 . 00 CO HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	2,127
MOP024	FEE-FOR-SERVICE/DENTA	L					01	/29/04

MOPUZ4	FEE-FOR-SERVICE		aoa	moma r					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MIA	- SOC	- TOTAL		1403		7.	
101 BLIGIBLES	Hanna	INITEG OF GERM	T C D		317DD 3 CD COCE	MON			
101 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST				COST PER
a GOLDANITELL MAGDITUM TOTAL	29 4	OR DAYS OF C		0 635 01	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	110		2,635.21	\$ 23.96	1.089 \$		Ş	
COMM HOSP INPATIENT TOTAL	4	7		1,003.01	143.29	.069	250.75		9.93
HSC HOSPITALS	4	7		1,003.01	143.29	.069	250.75		9.93
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0 26	0		.00 .00 1,632.20	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	26	103		1,632.20	15.85	1.020	62.78		16.16
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		16.63	16.63	.010	16.63		.16
PATHOLOGY	17 17	75		735.37	9.80	.743	43.26		7.28
RADIOLOGY	1	1		190.94	190.94	.010	190.94		1.89
ROOM USE	11	18		581.94	32.33	.178	52.90		5.76
CROSSOVERS/ALL OTH OUTPTNT	5	8		107.32	13.42	.079	21.46		1.06
@STATE HOSPITAL	0	0		.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0 0 0 0 23 0	0	•	.00	.00	.000	.00	т.	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	23	1,052		146,357.09	\$ 139.12	10.416 \$		Ś	1449.08
LEV A-INTERMEDIATE	0	1,032		.00	.00	.000	.00	٧	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0 2 0 0 21 0	73		27,085.42	371.03	.723	13542.71		268.17
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-TRANSTITIONAL IP CARE LEV B-REGULAR	21	979		119,271.67	121.83	9.693	5679.60		1180.91
@INTERMEDIATE CARE FACILDD	21	979		•	\$.00	.000 \$		ċ,	.00
WINIERMEDIALE CARE FACILDD	0	0		.00	.00	.000 \$.00	Ą	.00
	0	0							.00
ICF DD	0	0		.00	.00	.000	.00		
ICF DDN/DDCN	U			.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0		.00	\$.00	.000 \$		Ş	.00
HOSPITAL BASED	U	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	U	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	Ψ.	.00	\$.00	.000 \$		Ş	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	2	14		59.26	\$ 4.23	.139 \$		\$.59
PATHOLOGY	2	14		59.26	4.23	.139	29.63		.59
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	63		19,452.39	\$ 308.77	.624 \$		\$	192.60
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	37	63		19,452.39	308.77	.624	525.74		192.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDI	TURES :	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	P.	AGE 2,128
MOP024	FEE-FOR-SERVICE								01/29/04
CONTRA COSTA COLINT	CIIMMADV OF CEDI	TOPO FOR MITA	_ 900	_ T∩Tλτ					

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28		\$	7,178.45	\$ 5.37	13.238		
DURABLE MED. EQUIP.	3	54	٧	1,694.09	31.37	.535	564.70	16.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	225		4,427.88	19.68	2.228	245.99	43.84
AMBULANCES/AIR TRANS	14	189		2,392.79	12.66	1.871	170.91	23.69
OTHER TRANS	5	34		223.23	6.57	.337	44.65	2.21
OTHER SERVICES	2	2		1,811.86	905.93	.020	905.93	17.94
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		28.36	14.18	.020	28.36	.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6		154.38	25.73	.059	77.19	1.53
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,050		873.74	.83	10.396	145.62	8.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,129
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR FOR FUTURE USE

00111111 000111 000111	DOIMMENT OF DELL'		000					
						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 2,130
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	S FOR FOR FUTURI	E USE				
					MO1	NTHLY AVERAG	E

						MO	TNC	HLY AVERAG	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DI	EC 2003	PAGE 2,131
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	S FOR FOR FUTURE US	SE				
					MOI	NTHLY AVERAG	SE
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OI.	DAVC OF CADE		DED IMITT/DAV	DED ELIC	TICED	ET TOTELE

00 51 5355 53					MON 1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
a government was present manner	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		.00	
	0	0 \$ 0			.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ü	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	2,132
MOP024	FEE-FOR-SERVICE/DEN	TAL								01	/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR FOR FUTU	JRE USE								
							N	(HTMON	LY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	0.0 = 0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MON	THLY AVERAC	E
1,173 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,223	10,092	\$	910,530.60	\$ 90.22	8.604 \$	744.51	\$ 776.24
@PHYSICIANS SERVICES	474	2,173	\$	93,441.11	\$ 43.00	1.853 \$	197.13	\$ 79.66
OUTPATIENT VISITS	228	819		22,774.58	27.81	.698	99.89	19.42
OFFICE VISITS	46	52		2,503.08	48.14	.044	54.41	2.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	106	122		6,978.32	57.20	.104	65.83	5.95
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERT	82	635		13.029.49	20.52	. 541	158.90	11.11

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	10	10	263.69		26.37	.009	26.37		.22
INPATIENT VISITS	94	224	11,338.58		50.62	.191	120.62		9.67
HOSPITAL VISITS	76	180	7,277.82		40.43	.153	95.76		6.20
CRITICAL CARE	4	15	2,974.83		198.32	.013	743.71		2.54
SNF/ICF/TRANS IP CARE	16	29	1,085.93		37.45	.025	67.87		.93
OPHTHALMOLOGICAL SERVICES	2	2	115.58		57.79	.002	57.79		.10
EXAMINATIONS	2	2	115.58		57.79	.002	57.79		.10
	0	0	.00		.00	.002	.00		.00
SERVICES AND MATERIALS									
INPATIENT HOSPITAL SURGERY	91	350	33,506.39		95.73	.298	368.20		28.56
PRINCIPAL SURGEON	63	82	24,991.58		304.78	.070	396.69		21.31
ASSISTANT SURGEON	8	8	1,338.94		167.37	.007	167.37		1.14
ANESTHESIOLOGIST	43	260	7,175.87		27.60	.222	166.88		6.12
	60	120			86.55	.102	173.09		8.85
OUTPATIENT SURGERY			10,385.63						
PRINCIPAL SURGEON	58	75	8,805.28		117.40	.064	151.82		7.51
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	23	45	1,580.35		35.12	.038	68.71		1.35
DIALYSIS	0	0	.00		.00	.000	.00		.00
PATHOLOGY	105	304	2,394.67		7.88	.259	22.81		2.04
RADIOLOGY	147	176	8,740.05		49.66	.150	59.46		7.45
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	28	65	899.99		13.85	.055	32.14		.77
OTHER SERVICES/ALL X-OVERS	73	113	3,285.64		29.08	.096	45.01		2.80
@PHARMACY	256		\$ 34,415.45		29.67	.989		Ġ	29.34
								Ą	
PRESCRIPTION DRUGS	240	851	31,611.11		37.15	.725	131.71		26.95
SNF/ICF	46	397	18,663.08		47.01	.338	405.72		15.91
OUTPATIENTS	195	454	12,948.03		28.52	.387	66.40		11.04
MEDICAL SUPPLIES	33	309	2,804.34		9.08	.263	84.98		2.39
@DENTIST	62	348	\$ 12,515.00		35.96	.297		Ś	10.67
VISITS - DIAGNOSTIC	49	220	2,839.00		12.90	.188	57.94	٧	2.42
	17	39					161.88		
ORAL SURGERY			2,752.00		70.56	.033			2.35
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	2	2	318.00		159.00	.002	159.00		.27
ENDODONTICS	3	4	890.00		222.50	.003	296.67		.76
RESTORATIVE DENTISTRY	20	73	5,405.00		74.04	.062	270.25		4.61
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	8	311.00		38.88	.007	311.00		. 27
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	2	2	.00		.00	.002	.00		.00
				DDDDD				D.7	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	KEDOK.I.	FOR JAN 2	2003 THRU DI	±C 2003	PA	GE 2,134
MOP024	FEE-FOR-SERVICE/D								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVIC	ES FOR MEDICALL	Y INDIGENT - ADULTS	- TOT	AL				
						MOI	NTHLY AVERA	GE -	
1,173 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
,		OR DAYS OF CARE				PER ELIG	USER		LIGIBLE
@OPTOMETRIST	7		\$ 890.29		32.97	.023			.76
	/		•	•				Ą	
DIAGNOSTIC AND ANC. PROCED	7	7	317.75		45.39	.006	45.39		. 27
EYE APPLIANCES	7	20	572.54		28.63	.017	81.79		.49
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0		\$.00		.00	.000		\$.00
VISITS	n O	0	.00		.00	.000	.00	т	.00
	0	0	.00			.000	.00		.00
OTHER SERVICES	Ü				.00				
@PODIATRIST	Ü		\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
CIIDCEDV / ANEC	Ū	Λ	0.0		0.0	000	0.0		0.0

0 0 0

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0

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OTHER

SURGERY/ANES.

RADIO./PATHOLOGY

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@HOME HEALTH AGENCY	8	22	\$ 1,425.66	\$ 64.80	.019	\$ 178.21	\$ 1.22
NURSE ANESTHESIST	6	26	\$ 695.76	\$ 26.76	.022	\$ 115.96	\$.59
NURSE MIDWIFE	1	18	\$ 1,631.62	\$ 90.65	.015	\$ 1631.62	\$ 1.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	272	1,197	\$ 334,558.50	\$ 279.50	1.020	\$ 1229.99	\$ 285.22
HOSP INPATIENT TOTAL	75	243	313,826.47	1291.47	.207	4184.35	267.54
HSC HOSPITALS	67	217	280,848.23	1294.23	.185	4191.76	239.43
NON-HSC HOSPITAL TOTAL	8	26	32,978.24	1268.39	.022	4122.28	28.11
ACCOMMODATIONS	8	26	13,284.73	510.95	.022	1660.59	11.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.022	1660.59	11.33
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	16.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	211	954	20,732.03	21.73	.813	98.26	17.67
MEDICAL	15	26	684.96	26.34	.022	45.66	.58
SURGERY	24	33	772.26	23.40	.028	32.18	.66
PATHOLOGY	108	470	5,147.55	10.95	.401	47.66	4.39
RADIOLOGY	48	57	3,710.85	65.10	.049	77.31	3.16
ROOM USE	141	210	7,585.83	36.12	.179	53.80	6.47
CROSSOVERS/ALL OTH OUTPTNT	76	158	2,830.58	17.92	.135	37.24	2.41
@COUNTY HOSPITAL TOTAL	50	238 \$	100,007.99	\$ 420.20	.203 \$	2000.16	\$ 85.26
CO HOSPITAL INPATIENT TOTAL	31	88	96,386.92	1095.31	.075	3109.26	82.17
HSC HOSPITALS	31	88	96,386.92	1095.31	.075	3109.26	82.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	150	3,621.07	24.14	.128	181.05	3.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	10	13	393.47		.011	39.35	.34
PATHOLOGY	9	60	1,125.51	18.76	.051	125.06	.96
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	12	34	1,348.92		.029	112.41	1.15
CROSSOVERS/ALL OTH OUTPINT	17	43	753.17		.037	44.30	.64
	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,135
MOP024	FEE-FOR-SERVICE/DENT						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR MEDICALLY	INDIGENT - ADULTS	- TOTAL			
						THLY AVERA	-
1 173 ELIGIBLES	HISERS HINTT	S OF SERVICE	EXPENDITURES	AVERAGE COST	TINITS/DAYS	COST PER	COST PER

1,173 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	:	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	227	959	\$ 234,550.51	\$ 244.58	.818 \$	1033.26	\$	199.96
COMM HOSP INPATIENT TOTAL	45	155	217,439.55	1402.84	.132	4831.99		185.37
HSC HOSPITALS	37	129	184,461.31	1429.93	.110	4985.44		157.26
NON-HSC HOSPITALS TOTAL	8	26	32,978.24	1268.39	.022	4122.28		28.11
ACCOMMODATIONS	8	26	13,284.73	510.95	.022	1660.59		11.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.022	1660.59		11.33
ANCILLARIES	8	0	19,693.51		.000	2461.69		16.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	192	804	17,110.96		.685	89.12		14.59
MEDICAL	15	26	684.96	26.34	.022	45.66		.58
SURGERY	14	20	378.79	18.94	.017	27.06		.32
PATHOLOGY	99	410	4,022.04		.350	40.63		3.43
RADIOLOGY	48	57	3,710.85	65.10	.049	77.31		3.16
ROOM USE	129	176	6,236.91		.150	48.35		5.32
CROSSOVERS/ALL OTH OUTPINT	59	115	2,077.41	18.06	.098	35.21		1.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	23	1,052	\$ 146,357.09	\$ 139.12	.897 \$	6363.35	\$	124.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	2	73	27,085.42	371.03	.062	13542.71		23.09
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	21	979	119,271.67	121.83	.835	5679.60		101.68
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	160	513	\$	7,468.43	\$	14.56	.437	\$	46.68	\$	6.37
PATHOLOGY	160	513		7,468.43		14.56	.437		46.68		6.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	556	2,061	\$	261,769.08	\$	127.01	1.757	\$	470.81	\$	223.16
CLINIC	226	1,334		41,790.87		31.33	1.137		184.92		35.63
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	347	727		219,978.21		302.58	.620		633.94		187.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 2,136
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
CONTRA COSTA COUNT	STIMMARY OF SERVICES	FOR MEDICA	T.T.Y	INDIGENT - ADILITS -	ТО'	ΤΔΤ.					

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL ----- MONTHLY AVERAGE -----1,173 ELIGIBLES UNITS OF SERVICE EXPENDITURES USERS AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 117 1,495 \$ 15,362.61 \$ 10.28 1.275 \$ 131.30 \$ 13.10 DURABLE MED. EQUIP. 55 1,794.08 32.62 .047 448.52 1.53 4 0 0 BLOOD BANK .00 .00 .000 .00 .00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	299	6,275.42	20.99	.255	179.30	5.35
AMBULANCES/AIR TRANS	31	263	4,240.33	16.12	.224	136.78	3.61
OTHER TRANS	5	34	223.23	6.57	.029	44.65	.19
OTHER SERVICES	2	2	1,811.86	905.93	.002	905.93	1.54
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	58	58	5,861.00	101.05	.049	101.05	5.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	25	234.79	9.39	.021	18.06	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	154.38	25.73	.005	77.19	.13
PROSTHETIST/ORTHOTISTS	2	2	169.20	84.60	.002	84.60	.14
PROSTHETICS	2	2	169.20	84.60	.002	84.60	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,050	873.74	.83	.895	145.62	.74
@CALIF. CHILDREN SERVICES*	7	128	\$ 89,850.32	\$ 701.96	.109	\$ 12835.76	\$ 76.60

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

.00 \$

.00

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL AGED

.00 \$

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.000 \$

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

121,515 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7.7.7	FRACE COST	UNITS/DAY	rq	COST DEB	(COST PER
121,313 HIIGIBEE	OBLIND	OR DAYS OF CARE		HAI HADITORED			PER ELIC		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	88,609	4,244,644 \$,	87,161,677.18	\$	20.53	34.931	\$	983.67	\$	717.29
@PHYSICIANS SERVICES	13,646	45,038 \$	į.	898,629.48	\$	19.95	.371	\$	65.85	\$	7.40
OUTPATIENT VISITS	2,116	2,826		111,564.64		39.48	.023		52.72		.92
OFFICE VISITS	1,696	2,259		76,374.96		33.81	.019		45.03		.63
HOME VISITS	9	16		825.60		51.60	.000		91.73		.01
EMERGENCY ROOM	406	462		32,328.92		69.98	.004		79.63		.27
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	74 373	89 1,663		2,035.16		22.87	.001		27.50		.02
INPATIENT VISITS	3 / 3 287	1,663		74,181.36		44.61	.014		198.88		.61 .54
HOSPITAL VISITS CRITICAL CARE	287	1,485 41		65,142.45 4,922.90		43.87 120.07	.012		226.98 234.42		.04
SNF/ICF/TRANS IP CARE	93	137		4,922.90		30.04	.001		44.26		.03
OPHTHALMOLOGICAL SERVICES	262	332		13,986.87		42.13	.003		53.39		.12
EXAMINATIONS	261	331		13,950.47		42.15	.003		53.45		.11
SERVICES AND MATERIALS	1	1		36.40		36.40	.000		36.40		.00
INPATIENT HOSPITAL SURGERY	154	784		83,538.36		106.55	.006		542.46		.69
PRINCIPAL SURGEON	101	139		59,228.28		426.10	.001		586.42		.49
ASSISTANT SURGEON	31	35		9,704.50		277.27	.000		313.05		.08
ANESTHESIOLOGIST	53	610		14,605.58		23.94	.005		275.58		.12
OUTPATIENT SURGERY	254	608		74,608.61		122.71	.005		293.73		.61
PRINCIPAL SURGEON	208	239		65,235.58		272.95	.002		313.63		.54
ASSISTANT SURGEON	1	1		52.87		52.87	.000		52.87		.00
ANESTHESIOLOGIST	62	368		9,320.16		25.33	.003		150.33		.08
DIALYSIS	45	94		11,209.82		119.25	.001		249.11		.09
PATHOLOGY	418	2,216		12,237.17		5.52	.018		29.28		.10
RADIOLOGY	765	1,518		52,596.34		34.65	.012		68.75		. 43
PSYCHIATRY	0 59	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION		729		20,694.09		28.39	.006		350.75		.17
OTHER SERVICES/ALL X-OVERS @PHARMACY	11,088 71,785	34,268 862,902 \$		444,012.22 17,900,286.54	\$	12.96 20.74	.282 7.101	ċ.	40.04 249.36	ċ.	3.65 147.31
PRESCRIPTION DRUGS	70,891	279,598		17,300,280.34	Ą	62.15	2.301	Ą	245.14	Ą	147.31
SNF/ICF	13,446	79,194		3,927,934.33		49.60	.652		292.13		32.32
OUTPATIENTS	57,836	200,404		13,449,976.40		67.11	1.649		232.55		110.69
MEDICAL SUPPLIES	6,005	583,304		522,375.81		.90	4.800		86.99		4.30
@DENTIST	5.315	21,815 \$;	1,031,779.12	\$	47.30	.180	\$		\$	8.49
VISITS - DIAGNOSTIC	3,498	12,696		157,197.36	•	12.38	.104	•	44.94		1.29
ORAL SURGERY	730	2,140		101,696.00		47.52	.018		139.31		.84
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	16	16		1,600.00		100.00	.000		100.00		.01
PERIODONTICS	423	436		49,898.50		114.45	.004		117.96		.41
ENDODONTICS	184	266		56,469.00		212.29	.002		306.90		.46
RESTORATIVE DENTISTRY	961	2,887		239,011.00		82.79	.024		248.71		1.97
PROSTHETICS	42	52		1,530.00		29.42	.000		36.43		.01
DENTURES, STAYPLATES	1,341	3,124 0		424,292.26		135.82	.026		316.40		3.49
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0	U 1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	133	197		85.00		.43	.002		.64		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	: M		EPOR'			DEC		P.	AGE 2,138
MOP024	FEE-FOR-SERVICE		. 1		010					- 1	01/29/04
CONTRA COSTA COUNT		VICES FOR ALL AGED									,,
							N	IONT	HLY AVERA	.GE -	
121,515 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S			COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	1,867	5,826 \$,	107,182.47	\$	18.40	.048	\$	57.41	\$.88
DIAGNOSTIC AND ANC. PROCED	366	380		16,580.94		43.63	.003		45.30		.14

EYE APPLIANCES	1,525	5,039		81,823.83		16.24	.041		53.65		.67
OTHER OPTOMETRIC SERVICES	258	407		8,777.70		21.57	.003		34.02		.07
@CHIROPRACTOR	3	7	\$	51.35	\$	7.34	.000	\$	17.12	Ś	.00
VISITS	1	2	τ.	32.54	Υ	16.27	.000	т	32.54	τ	.00
OTHER SERVICES	2	_ 5		18.81		3.76	.000		9.41		.00
@PODIATRIST	3,076	4,427	\$	27,600.16	\$	6.23	.036	\$	8.97	Ġ	.23
MEDICINE/INJECTIONS	44	, 57	•	1,647.50	•	28.90	.000		37.44		.01
SURGERY/ANES.	2	2		28.00		14.00	.000		14.00		.00
RADIO./PATHOLOGY	3	6		114.16		19.03	.000		38.05		.00
OTHER	3,034	4,362		25,810.50		5.92	.036		8.51		.21
@HOME HEALTH AGENCY	33	222	\$	14,794.63	\$	66.64	.002		448.32	\$.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		2	\$	34.60	\$	17.30	.000		17.30		.00
FAMILY NURSE PRACTITIONER	18	34	\$	651.92	\$	19.17	.000		36.22	\$.01
@TOTAL HOSPITAL	6,884	37,436	\$	6,210,640.52	\$.308	\$	902.18	\$	51.11
HOSP INPATIENT TOTAL	1,485	8,577		5,604,062.48		653.38	.071		3773.78		46.12
HSC HOSPITALS	411	2,169		2,146,776.13		989.75	.018		5223.30		17.67
NON-HSC HOSPITAL TOTAL	295	1,667		2,717,883.83		1630.40	.014		9213.17		22.37
ACCOMMODATIONS	295	1,667		796,908.56		478.05	.014		2701.38		6.56
ADMINISTRATIVE DAYS	59 0	450 0		85,793.08		190.65	.004		1454.12		.71
TRANSITIONAL IP CARE ALL OTHER ACCOM	245	1,217		.00 711,115.48		.00 584.32	.000 .010		.00 2902.51		.00 5.85
ALL OTHER ACCOM ANCILLARIES	291	1,217		1,920,975.27		.00	.000		6601.29		15.81
INPATIENT CROSSOVERS		4,741		739,402.52		155.96	.039		921.95		6.08
ALL OTHER INPATIENT	0	4,741		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,631	28,859		606,578.04		21.02	.237		107.72		4.99
MEDICAL	342	541		21,421.57		39.60	.004		62.64		.18
SURGERY	108	126		8,502.46		67.48	.001		78.73		.07
PATHOLOGY	596	3,189		32,205.86		10.10	.026		54.04		.27
RADIOLOGY	470	854		63,470.48		74.32	.007		135.04		.52
ROOM USE	502	667		25,527.04		38.27	.005		50.85		.21
CROSSOVERS/ALL OTH OUTPTNT	4,834	23,482		455,450.63		19.40	.193		94.22		3.75
@COUNTY HOSPITAL TOTAL	333	1,812	\$	959,251.24	\$			\$	2880.63	\$	7.89
CO HOSPITAL INPATIENT TOTAL		1,256		941,162.80		749.33	.010		4851.35		7.75
HSC HOSPITALS	155	840		877,972.57		1045.21	.007		5664.34		7.23
NON-HSC HOSPITALS TOTAL	4	46		30,591.56		665.03	.000		7647.89		.25
ACCOMMODATIONS	4	46		10,482.91		227.89	.000		2620.73		.09
ADMINISTRATIVE DAYS	4	46		10,482.91		227.89	.000		2620.73		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	36	370		20,108.65 32,598.67		.00 88.10	.000		5027.16 905.52		.17 .27
ALL OTHER INPATIENT	0	0		.00		.00	.003		.00		.00
CO HOSP OUTPATIENT TOTAL	143	556		18,088.44		32.53	.005		126.49		.15
MEDICAL	36	50		2,204.17		44.08	.000		61.23		.02
SURGERY	20	28		1,343.37		47.98	.000		67.17		.01
PATHOLOGY	36	165		2,829.79		17.15	.001		78.61		.02
RADIOLOGY	21	33		4,897.35		148.40	.000		233.21		.04
ROOM USE	60	80		3,489.93		43.62	.001		58.17		.03
CROSSOVERS/ALL OTH OUTPTNT		200		3,323.83		16.62	.002		42.07		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	PI	AGE 2,139
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL AGEI)								
							M				
121,515 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
OCOMMINITELY HOCKETS FOR T	C 570	OR DAYS OF CARE	۲,	F 251 200 00		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,579	35,624	\$	5,251,389.28	\$	147.41	.293	Ş	798.20	Ş	43.22
COMM HOSP INPATIENT TOTAL	1,299	7,321 1,329		4,662,899.68		636.92	.060		3589.61		38.37
HSC HOSPITALS	259	1,329		1,268,803.56		954.71	.011		4898.86		10.44

NON-HSC HOSPITALS TOTAL	292	1,621	2,687,292.27	1657.80	.013	9203.06	22.11
ACCOMMODATIONS	292	1,621	786,425.65	485.15	.013	2693.24	6.47
ADMINISTRATIVE DAYS	56	404	75,310.17	186.41	.003	1344.82	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	245	1,217	711,115.48	584.32	.010	2902.51	5.85
ANCILLARIES	288	0	1,900,866.62	.00	.000	6600.23	15.64
INPATIENT CROSSOVERS	767	4,371	706,803.85	161.70	.036	921.52	5.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,500	28,303	588,489.60	20.79	.233	107.00	4.84
MEDICAL	307	491	19,217.40	39.14	.004	62.60	.16
SURGERY	88	98	7,159.09	73.05	.001	81.35	.06
PATHOLOGY	560	3,024	29,376.07	9.71	.025	52.46	.24
RADIOLOGY	450	821	58,573.13	71.34	.007	130.16	.48
ROOM USE	444	587	22,037.11	37.54	.005	49.63	.18
CROSSOVERS/ALL OTH OUTPINT	4,759	23,282	452,126.80	19.42	.192	95.00	3.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15,490	463,761	\$	52,394,141.33	\$	112.98	3.816	\$	3382.45	\$	431.17
LEV A-INTERMEDIATE	19	838		55,420.11		66.13	.007		2916.85		.46
LEV B-REHAB MD	29	894		92,946.51		103.97	.007		3205.05		.76
LEV B-SUBACUTE FREESTANDING	15	404		152,335.83		377.07	.003		10155.72		1.25
LEV B-SUBACUTE HSPTL BASED	21	980		423,564.88		432.21	.008		20169.76		3.49
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15,419	460,645		51,669,874.00		112.17	3.791		3351.05		425.21
@INTERMEDIATE CARE FACILDD	3	44	\$	6,031.38	\$	137.08	.000	\$	2010.46	\$.05
ICF DDH	3	44	•	6,031.38	•	137.08	.000	·	2010.46	·	.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	745	3,639	\$	492,590.54	\$	135.36	.030	\$	661.20	\$	4.05
HOSPITAL BASED	0	0	•	.00	•	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	745	3,639		492,590.54		135.36	.030		661.20		4.05
@REHABILITATION FACILITY	3	4	\$	135.15	\$	33.79	.000	\$	45.05	\$.00
HOSPITAL BASED	3	4	•	135.15	•	33.79	.000	·	45.05	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	650	2,830	\$	33,152.35	\$	11.71	.023	\$	51.00	\$.27
PATHOLOGY	573	2,709	•	32,273.05	•	11.91	.022	·	56.32	·	.27
XO AND OTHERS	77	121		879.30		7.27	.001		11.42		.01
@ORGANIZED OUTPATIENT CLINIC	13,752	23,751	\$	4,275,554.83	\$	180.02	.195	\$	310.90	\$	35.19
CLINIC	303	771	•	24,167.86	•	31.35	.006	·	79.76	·	.20
SURGICENTER	113	238		23,758.60		99.83	.002		210.25		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13,404	22,742		4,227,628.37		185.90	.187		315.40		34.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	IRES I	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 2,140
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL AG	ED								
							M	ГИО	HLY AVERA	GE ·	
121,515 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	13,300	2,772,906	\$	3,768,420.81	\$	1.36	22.819	\$	283.34	\$	31.01
DURABLE MED. EQUIP.	870	4,715		387,140.89		82.11	.039		444.99		3.19

121,515 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13,300	2,772,906 \$	3,768,420.81	\$ 1.36	22.819 \$	283.34	\$ 31.01
DURABLE MED. EQUIP.	870	4,715	387,140.89	82.11	.039	444.99	3.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	162	190	97,532.51	513.33	.002	602.05	.80
MEDICAL TRANSPORTATION	1,746	77,877	363,096.89	4.66	.641	207.96	2.99
AMBULANCES/AIR TRANS	348	2,822	42,116.58	14.92	.023	121.02	.35
OTHER TRANS	1,329	74,311	313,643.34	4.22	.612	236.00	2.58
OTHER SERVICES	139	744	7,336.97	9.86	.006	52.78	.06
ACUPUNCTURE	580	2,305	40,401.78	17.53	.019	69.66	.33
ADULT DAY HEALTH CARE CTR	1,052	13,092	908,749.98	69.41	.108	863.83	7.48
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	470	4,972	371,663.08	74.75	.041	790.77	3.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,538	6,368	78,705.34	12.36	.052	31.01	.65
PHYSICAL THERAPIST	3	9	78.65	8.74	.000	26.22	.00
PORTABLE X-RAY	259	447	1,615.56	3.61	.004	6.24	.01
PROSTHETIST/ORTHOTISTS	223	561	17,744.18	31.63	.005	79.57	.15
PROSTHETICS	216	552	16,960.40	30.73	.005	78.52	.14
ORTHOTICS	7	9	783.78	87.09	.000	111.97	.01
PSYCHOLOGIST	21	27	501.23	18.56	.000	23.87	.00
SPEECH AND AUDIOLOGY	518	1,140	135,196.49	118.59	.009	261.00	1.11
HOSPICE SERVICES	300	7,195	858,027.09	119.25	.059	2860.09	7.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	102	341.86	3.35	.001	68.37	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 5,803 2,653,905 507,520.28 .19 21.840 87.46 4.18 @CALIF. CHILDREN SERVICES* 6 10 \$ 1,273.30 \$ 127.33 .000 \$ 212.22 \$.01 @XOVER EXCLUDING STATE HOSP** 21,974 343,749 \$ 3,465,405.37 \$ 10.08 2.829 \$ 157.70 \$ 28.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,141 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL BLIND

S.599 ELIGIBLES	CONTRA COSTA COUNT	SUMMARY OF SERV	CES FOR ALL BLIND					_
### WOTAL, ALL PROVIDERS								
### SPACE NATIONAL PROVIDERS	5,599 ELIGIBLES	USERS		EXPENDITURES				
PRINCIPAL SERVICES								
OUTPATIENT VISITS	@TOTAL, ALL PROVIDERS	4,119				64.154 \$	869.96	\$ 640.00
OUTPATIENT VISITS	@PHYSICIANS SERVICES	1,029	4,684 \$	124,212.58		.837 \$		\$ 22.18
HOME VISITS	OUTPATIENT VISITS	466	736	30,698.82		.131		5.48
BEREGENCY ROOM	OFFICE VISITS	311	459	14,752.03	32.14	.082	47.43	2.63
PREVENTIVE CARE 0	HOME VISITS	16	20	747.40	37.37	.004	46.71	.13
PREVENTIVE CARE 0	EMERGENCY ROOM	141	187	12,902.98	69.00	.033	91.51	2.30
OB VISITS/COMPRE PERI	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT 1 44 64 1,801.87 28.15 .011 40.95 .32 INPATIENT VISITS 79 420 18,825.07 44.82 .075 .238.29 3.36 HOSPITAL VISITS 75 403 17,394.67 43.16 .072 .231.93 3.11 CRITICAL CARE 7 10 1.216.00 .211.60 .002 .173.71 .22 SNF/ICF/TRANS IP CARE 4 7 .214.40 30.63 .001 53.60 .04 OPHTHALMOLOGICAL SERVICES .55 86 3.589.25 41.74 .015 .65.26 .64 EXAMINATIONS .55 86 3.589.25 41.74 .015 .65.26 .64 EXAMINATIONS .55 86 3.589.25 41.74 .015 .65.26 .64 EXAMINATIONS .55 .86 3.589.25 41.74 .015 .65.26 .64 EXAMINATIONS .55 .86 .3589.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OB VISITS/COMPRE PERI	4	6	494.54		.001	123.64	.09
INPATIENT VISITS 75 403 17,394.67 44.82 .075 238.29 3.36 HOSPITAL VISITS 75 403 17,394.67 43.16 .077 231.93 3.11 CRITICAL CARE 7 10 1.216.00 121.60 .002 173.71 .22 .35 .25 .25 .25 .25 .25 .25 .25 .25 .25 .2		44	64	1,801.87	28.15		40.95	.32
HOSPITAL VISITS		79		18,825.07	44.82	.075		
CRITICAL CARE 7 10 1,216.00 121.60 .002 173.71 2.22 SSF/ICP/TRANS IP CARE 4 7 214.40 30.63 .001 53.60 .04 OPHHALMOLOGICAL SERVICES 55 86 3.599.25 41.74 .015 65.26 6.44 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		75						
SNF/ICC/TRANS IP CARE								
OPHTHALMOLOGICAL SERVICES 55								
EXAMINATIONS 55 86 3,589.25 41.74 .015 65.26 .64 SERVICES AND MATERIALS 0 0 0 0.00 .000 .000 .000 .000 .000 .						015		
SERVICES AND MATERIALS 0				3 589 25	41 74	015		
INPATIENT HOSPITAL SURGERY 33 213 10,056.00 47.21 0.38 304.73 1.80								
PRINCIPAL SURGEON 19 29 6,861,65 236,61 .005 361.14 1.23 ASSISTANT SURGEON 3 3 3 367,46 122.49 .001 122.49 .07 ANDSTHESIOLOCIST 12 181 2,826.89 15,62 .032 235.57 .50 OUTPAITENT SURGERY 69 155 13,356.25 86.17 .028 193.57 2.39 PRINCIPAL SURGEON 58 87 11,693.29 134.41 .016 201.61 2.09 ASSISTANT SURGEON 1 1 1 1 131.24 .016 .001 .121.64 .27 DIALYSIS 42 152 11,523.08 75.81 .027 274.36 2.06 PATHOLOGY 91 795 2,328.42 2.93 .142 25.59 .42 RADIOLOGY 149 343 13,647.93 39.79 .061 91.60 2.44 PSYCHIATRY ON 0 0 0.00 .00 .000 .000 .000 IMMUNIZATION AND INJECTION 10 12 221.45 18.45 .002 22.15 .04 PRESERVICES/ALL X-OVERS 512 1,772 19.966.31 11.27 .316 39.00 3.57 PRESERVICES/ALL X-OVERS 3,136 13,102 1.128.447.46 86.13 2.340 359.84 201.54 SNF/IGF 126 834 1.94,434.39 59.27 1.49 392.34 8.83 OUTPAINTNTS 3,028 12,268 1,079.013.07 87.95 2.19 1.50 39.23 48.83 VISITS - DIAGNOSTIC 186 78.8 1.26 1.27 2.00 1.28 1.28 1.29 1.20 1.28 1.28 1.29 1.20 1.28 1.29 1.20 1.20 1.20 1.20 1.20 1.20 1.20 1.20		_						
ASSISTANT SURGEON ANSSTRESICLOGIST 12 181 2,826.89 15.62 0.32 235.57 .50 OUTPATIENT SURGERY 69 155 13,356.25 86.17 0.28 193.57 2.39 PRINCIPAL SURGEON 58 87 11,693.29 134.41 0.16 201.61 2.09 ASSISTANT SURGEON 1 1 1 1 131.24 131.44 0.00 131.24 0.22 ANESTHESIOLOGIST 12 67 1,531.72 22.86 0.012 127.64 2.27 DIALYSIS 12 12 67 1,531.72 22.86 0.012 127.64 2.27 DIALYSIS 42 152 11,523.08 75.81 0.07 27.44.36 2.06 PATHOLOGY 91 795 2,328.42 2.93 .142 25.59 4.2 PARDIOLOGY 149 343 13,647.93 39.79 0.61 91.60 2.44 PSYCHIATRY 0 0 0 0 0.00 0.00 0.00 0.00 IMMUNIZATION AND INJECTION 10 12 221.45 18.45 0.02 22.15 0.44 OTHER SERVICES/ALL X-OVERS 512 1,772 19.966.31 11.27 .316 39.00 3.57 @PHARMACY 3,228 85.709 \$1,214.021.86 \$14.16 15.38 \$376.09 \$216.83 SNF/ICF 126 834 49,434.39 59.27 1.49 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079.013.07 87.95 2.19 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @PENTIENT 280 1.26 75.69 0.10 1.00 0.00 0.00 0.00 0.00 DRINGS 22 2 2 0.00 0.00 0.00 0.00 0.00 DRINGS 23 24 3,673.00 153.04 0.01 \$176.55 \$8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 1.35 50.73 1.69 DRAL SURGERY 36 106 5,935.00 55.99 0.19 164.86 1.06 DRUGS 2 2 2 0 0.00 0.00 0.00 0.00 0.00 DRANESTHESIA 3 3 3 300.00 150.00 0.00 0.00 DRANESTHESIA 3 4 64 12,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.32 194.77 2.50 PRESTORATIVE DENTISTRY 72 179 14,023.25 78.34 0.02 30.00 0.00 DENTURES, STAPPLATES 3 4 66 12,05 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0					236 61	005		
ANSSTHESIOLOGIST 12 181 2,826.89 15.62 .032 235.57 2.30 COTPARTIENT SURGERY 69 155 13,356.25 86.17 .028 193.57 2.39 PRINCIPAL SURGEON 58 87 11,693.29 134.41 .016 201.61 2.09 ASSISTANT SURGEON 1 1 1 1 131.24 131.24 .000 131.24 .02 ANSSTHESIOLOGIST 12 67 1,531.72 22.86 .012 127.64 .27 DIALYSIS 42 152 11,533.08 75.81 .027 274.36 2.06 PARTICIPAL SURGEON 149 343 13.647.93 39.79 .061 91.60 2.44 PARTICIPAL SURGEON 10 0 .00 .00 .00 .00 .00 .00 .00 .00 .0					122 /0			
OUTPATIENT SURGERY 69 155 13,356.25 86.17 0.28 193.57 2.39 PRINCIPAL SURGEON 58 87 11,693.29 134.41 0.16 201.61 2.09 ASSISTANT SURGEON 1 1 1 1 131.24 131.24 0.00 131.24 0.20 ANESTHESIOLOGIST 12 67 1,531.72 22.86 0.12 127.64 2.70 DIALYSIS 42 152 11,523.08 75.81 0.27 274.36 2.06 PATHOLOGY 91 795 2,328.42 2.93 1.42 25.59 4.42 PATHOLOGY 91 795 2,328.42 2.93 1.42 25.59 4.42 PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						.001		
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RADIOLOGY 149 343 13,647.93 39.79 .061 91.60 2.44 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00					/5.81			
PSYCHIATRY					2.93			
IMMUNIZATION AND INJECTION 10				•		.061		
SNF/ICF 126 834 49,434.39 59.27 .149 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079,013.07 87.95 2.191 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 49,433.63 42.00 .210 176.55 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .00 .00 .00 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .5						.000	.00	
SNF/ICF 126 834 49,434.39 59.27 .149 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079,013.07 87.95 2.191 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 49,433.63 42.00 .210 176.55 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .00 .00 .00 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .5		10	12					
SNF/ICF 126 834 49,434.39 59.27 .149 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079,013.07 87.95 2.191 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 49,433.63 42.00 .210 176.55 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .00 .00 .00 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .5		512	1,772	•				
SNF/ICF 126 834 49,434.39 59.27 .149 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079,013.07 87.95 2.191 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 49,433.63 42.00 .210 176.55 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .00 .00 .00 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .5		3,228	85,709 \$					
SNF/ICF 126 834 49,434.39 59.27 .149 392.34 8.83 OUTPATIENTS 3,028 12,268 1,079,013.07 87.95 2.191 356.35 192.72 MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 49,433.63 42.00 .210 176.55 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .00 .00 .00 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .5	PRESCRIPTION DRUGS	3,136						
MEDICAL SUPPLIES 642 72,607 85,574.40 1.18 12.968 133.29 15.28 @DENTIST 280 1,177 \$ 49,433.63 \$ 42.00 .210 \$ 176.55 \$ 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 2 .00 .00 .00 .00 .00 ANESTHESIA 3 3 300.00 100.00 .001 100.00 .05 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60		126						
@DENTIST 280 1,177 \$ 49,433.63 \$ 42.00 .210 \$ 176.55 \$ 8.83 VISITS - DIAGNOSTIC 186 758 9,436.00 12.45 .135 50.73 1.69 ORAL SURGERY 36 106 5,935.00 55.99 .019 164.86 1.06 DRUGS 2 2 .00 .00 .000 .00 .00 ANESTHESIA 3 3 300.00 100.00 .001 100.00 .05 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 18		3,028						
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DRUGS 2 2 .00 .00 .000 .000 .000 ANESTHESIA 3 3 .300.00 100.00 .001 100.00 .05 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 1 50.00 50.00 .000 50.00 .01		280				.210 \$		
DRUGS 2 2 .00 .00 .000 .000 .000 ANESTHESIA 3 3 .300.00 100.00 .001 100.00 .05 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 1 50.00 50.00 .000 50.00 .01		186						
ANESTHESIA 3 3 300.00 100.00 .001 100.00 .05 PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 50.00 50.00 .01	ORAL SURGERY	30						
PERIODONTICS 23 24 3,673.00 153.04 .004 159.70 .66 ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .000 50.00 .01	DRUGS		2	.00	.00	.000	.00	.00
ENDODONTICS 10 13 3,041.00 233.92 .002 304.10 .54 RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .00 50.00 .00	ANESTHESIA						100.00	.05
RESTORATIVE DENTISTRY 72 179 14,023.25 78.34 .032 194.77 2.50 PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .000 50.00 .00	PERIODONTICS					.004		
PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .000 50.00 .01								
PROSTHETICS 2 2 60.00 30.00 .000 30.00 .01 DENTURES, STAYPLATES 34 64 12,025.38 187.90 .011 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .00 50.00 50.00 .01	RESTORATIVE DENTISTRY			14,023.25			194.77	2.50
DENTURES, STAYPLATES 34 64 12,025.38 187.90 .01 353.69 2.15 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .00 50.00 .00		2	2	60.00		.000	30.00	.01
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .00 50.00 .01	DENTURES, STAYPLATES	34		12,025.38		.011	353.69	2.15
MAXILLOFACIAL SERVICES 1 1 50.00 50.00 .000 50.00 .01	SPACE MAINTAINERS		0	.00	.00	.000	.00	.00
		1	1	50.00			50.00	.01
	FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

2 4 11 21 890.00 222.50 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.001 445.00 .004

.00

.16 .00

#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL

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MOPUZ4	FEE-FOR-SERVICE		TD								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR ALL BLIN	עו				MO	וידיזא	HIV AMEDA	CF	
5,599 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS			GE	COST PER
3/333 111012110		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	69 26 47		\$	5,710.54	\$	33.20	.031	Ś	82.76		
DIAGNOSTIC AND ANC. PROCED	26	28	т	1,280.17	4	45.72	.005	т	49.24	т.	.23
EYE APPLIANCES	47	121		3,603.48		29.78	.022		76.67		.64
OTHER OPTOMETRIC SERVICES	15	23		826.89		35.95	.004		55.13		.15
@CHIROPRACTOR	11		\$	300.96	\$	16.72	.003	\$	27.36	\$.05
VISITS	10	17	•	284.24		16.72	.003		28.42	•	.05
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST	91	201	\$	2,385.94	\$	11.87	.036	\$	26.22	\$.43
MEDICINE/INJECTIONS	40	42		1,020.80	•	24.30	.008		25.52	•	.18
SURGERY/ANES.	3	4		84.79		21.20	.001		28.26		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0 51 36 0	155		1,280.35		8.26	.028		25.10		.23
@HOME HEALTH AGENCY	36		\$	91,219.01	\$	31.07	.524	\$	2533.86	\$	16.29
NURSE ANESTHESIST	0		\$		\$.00	.000		.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	0.0	Ś	0.0	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	_	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	0 570 119	4,121	\$						1232.28		125.45
HOSP INPATIENT TOTAL	119	779		605,110.58	•	776.78	.139		5084.96	•	108.07
HSC HOSPITALS	44	203		219,193.18	1	.079.77	.036		4981.66		39.15
NON-HSC HOSPITAL TOTAL	33	214		321,867.59	1	504.05	.038		9753.56		57.49
ACCOMMODATIONS	33	214		100,568.53		469.95	.038		3047.53		17.96
ADMINISTRATIVE DAYS	14	71		321,867.59 100,568.53 14,660.32 .00 85,908.21		206.48	.013		1047.17		2.62
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	33 33 14 0 21	143		85,908.21		170.44 776.78 079.77 504.05 469.95 206.48 .00 600.76 .00 176.93	.026		.00 4090.87		15.34
ANCILLARIES	33	0		221,299.06 64,049.81		.00	.000		6706.03		39.52
INPATIENT CROSSOVERS	46	362		64,049.81		176.93	.065		1392.39		11.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	485	3,342		97,289.38		29.11 43.31 47.00 9.86 68.02 37.38 32.29	.597		.00 200.60 66.38 63.59 72.78 161.72 58.03		17.38
MEDICAL	107	164		7,102.31		43.31	.029		66.38		1.27
SURGERY	34	46		2,162.09		47.00	.008		63.59		.39
PATHOLOGY	139	1,026		10,115.95		9.86	.183		72.78		1.81
RADIOLOGY	98	233		15,848.92		68.02	.042		161.72		2.83
ROOM USE	201	312		11,663.04		37.38					2.08
CROSSOVERS/ALL OTH OUTPTNT	303	1,561		50,397.07		32.29	.279		166.33		9.00
@COUNTY HOSPITAL TOTAL		385	\$	60 380 13	S	156 XX	.069	\$	2322.31	\$	10.78
CO HOSPITAL INPATIENT TOTAL	. б	48		48,101.62	1	.002.12	.009		8016.94		8.59
HSC HOSPITALS	5	40		43,502.75	1	.087.57	.007		8700.55		7.77
NON-HSC HOSPITALS TOTAL	1	5		3,758.87		751.77	.001		3758.87		.67
ACCOMMODATIONS	1 1 0 0	385 48 40 5 5 5 0 0 0		1,156.50		.002.12 .087.57 751.77 231.30 231.30	.001		1156.50		.21
ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.001		1156.50		.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,602.37		.00	.000		2602.37		.46
INPATIENT CROSSOVERS	1	3		840.00		280.00	.001		840.00		.15
ALL OTHER INPATIENT	0	•		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0 1 1 0 20 12	337		12,278.51		36.43	.060		613.93		2.19
		26		1,160.79		44.65	.005		96.73		. 21
SURGERY	9	18		263.13		14.62	.003		29.24		.05
PATHOLOGY	5	132		1,370.85		10.39	.024		274.17		. 24
RADIOLOGY	4	14		1,604.18		36.43 44.65 14.62 10.39 114.58	.003		.00 613.93 96.73 29.24 274.17 401.05 114.24		. 29
ROOM USE	16	48		1,827.81		38.08	.009		114.24		.33

CROSSOVERS/ALL OTH OUTPINT 9 99 6,051.75 61.13 .018 672.42

1.08

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL BLIND

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL BLIN	D								
									HLY AVERA	GE	
5,599 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	+	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	3,736	\$	642,019.83	\$	171.85	.667	\$	1156.79	\$	114.67
COMM HOSP INPATIENT TOTAL	114	731	•	557,008.96	•	761.98	.131		4886.04	·	99.48
HSC HOSPITALS	39	163		175,690.43		1077.86	.029		4504.88		31.38
NON-HSC HOSPITALS TOTAL	33	209		318,108.72		1522.05	.037		9639.66		56.82
ACCOMMODATIONS	33	209		99,412.03		475.66	.037		3012.49		17.76
	14										
ADMINISTRATIVE DAYS		66		13,503.82		204.60	.012		964.56		2.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	143		85,908.21		600.76	.026		4090.87		15.34
ANCILLARIES	33	0		218,696.69		.00	.000		6627.17		39.06
INPATIENT CROSSOVERS	45	359		63,209.81		176.07	.064		1404.66		11.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	475	3,005		85,010.87		28.29	.537		178.97		15.18
MEDICAL	99	138		5,941.52		43.05	.025		60.02		1.06
SURGERY	26	28		1,898.96		67.82	.005		73.04		.34
PATHOLOGY	138	894		8,745.10		9.78	.160		63.37		1.56
RADIOLOGY	96	219		14,244.74		65.04	.039		148.38		2.54
	189	264		9,835.23		37.25	.047		52.04		1.76
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT		1,462	_	44,345.32		30.33	.261		148.81	_	7.92
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	108	2,775	\$	351,154.62	\$	126.54	.496	\$	3251.43	\$	62.72
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	108	2,775		351,154.62		126.54	.496		3251.43		62.72
@INTERMEDIATE CARE FACILDD	51	•	\$	247,171.97	\$	152.01	.290	\$	4846.51	\$	44.15
	39		Ą		Ą	142.91		Ą	4598.89	Ą	32.03
ICF DDH		1,255		179,356.88			.224				
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	371		67,815.09		182.79	.066		5651.26		12.11
@HEMODIALYSIS TOTAL	146		\$	154,001.01	\$	57.92	.475	\$	1054.80	\$	27.51
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	146	2,659		154,001.01		57.92	.475		1054.80		27.51
@REHABILITATION FACILITY	16	289	\$	3,765.44	\$	13.03	.052	\$	235.34	\$.67
HOSPITAL BASED	4	12		285.51		23.79	.002		71.38		.05
INDEPENDENT FACILITY	12	277		3,479.93		12.56	.049		289.99		.62
@LABORATORY FACILITY	121		\$	7,618.02	\$	10.88	.125	\$	62.96	\$	1.36
PATHOLOGY	119	692	٧	7,611.91	٧	11.00	.124	~	63.97	٧	1.36
XO AND OTHERS	2	8		6.11		.76	.001		3.06		.00
@ORGANIZED OUTPATIENT CLINIC	858		\$	268,676.64	ċ.	196.83	.244	\$	313.14	\$	47.99
			Ą		Ą			Ą		Ą	
CLINIC	25	58		1,603.17		27.64	.010		64.13		. 29
SURGICENTER	2	2		224.69		112.35	.000		112.35		.04
HEROIN DETOX CLINIC	1	18		199.08		11.06	.003		199.08		.04
RURAL HEALTH CLINIC	832	1,287		266,649.70		207.19	.230		320.49		47.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	SI	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 2,144
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL BLIN	D								
							M	ONT	HLY AVERA	GE	
5,599 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
0,000 =================================	ODLIG	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	919		\$	361,300.44	\$	1.44	44.787		393.15	Ś	64.53
GITT OTHER EROATDERD	219	250,704	Y	301,300.44	Y	T. 11	11./0/	Y	272.13	Y	04.33

DURABLE MED. EQUIP.	93	605	78,423.43	129.63	.108	843.26	14.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	21	6,714.98	319.76	.004	479.64	1.20
MEDICAL TRANSPORTATION	203	19,359	83,827.74	4.33	3.458	412.94	14.97
AMBULANCES/AIR TRANS	101	633	11,755.42	18.57	.113	116.39	2.10
OTHER TRANS	108	18,722	72,024.88	3.85	3.344	666.90	12.86
OTHER SERVICES	4	4	47.44	11.86	.001	11.86	.01
ACUPUNCTURE	15	86	1,524.64	17.73	.015	101.64	.27
ADULT DAY HEALTH CARE CTR	34	569	39,629.78	69.65	.102	1165.58	7.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	67	1,170	59,719.19	51.04	.209	891.33	10.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	176	4,717.49	26.80	.031	77.34	.84
PHYSICAL THERAPIST	3	8	91.66	11.46	.001	30.55	.02
PORTABLE X-RAY	1	3	81.04	27.01	.001	81.04	.01
PROSTHETIST/ORTHOTISTS	24	75	4,999.83	66.66	.013	208.33	.89

PROSTHETICS	22	72	4,901.82	68.08	.013	2	22.81	.88
ORTHOTICS	2	3	98.01	32.67	.001		49.01	.02
PSYCHOLOGIST	10	12	345.11	28.76	.002		34.51	.06
SPEECH AND AUDIOLOGY	33	95	7,263.76	76.46	.017	2	220.11	1.30
HOSPICE SERVICES	5	82	11,782.98	143.69	.015	23	356.60	2.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	76	1,910	14,857.68	7.78	.341	1	95.50	2.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	398	226,593	47,321.13	.21	40.470	1	18.90	8.45
@CALIF. CHILDREN SERVICES*	104	2,725	\$ 81,629.55	\$ 29.96	.487	\$ 7	84.90	\$ 14.58
@XOVER EXCLUDING STATE HOSP**	785	7,117	\$ 201,467.21	\$ 28.31	1.271	\$ 2	256.65	\$ 35.98

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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL DISABLED

						M	ONT	HLY AVERA	GE.	
195,394 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	148,602	8,418,349	\$ 133,651,543.45	\$	15.88	43.084	\$	899.39	\$	684.01
@PHYSICIANS SERVICES	32,981	157,471	\$ 4,803,109.07	\$	30.50	.806	\$	145.63	\$	24.58
OUTPATIENT VISITS	16,919	24,491	1,052,859.92		42.99	.125		62.23		5.39
OFFICE VISITS	9,237 624	12,409	389,685.46		31.40	.064		42.19		1.99
HOME VISITS	624	754	32,073.40		42.54	.004		51.40		.16
EMERGENCY ROOM	6,951	9,398	570,114.78		60.66	.048		82.02		2.92
PREVENTIVE CARE	9	9	401.27		44.59	.000		44.59		.00
OB VISITS/COMPRE PERI	33	74	4,020.87		54.34	.000		121.84		.02
OTHER OUTPATIENT	1,444	1,847	56,564.14		30.62	.009		39.17		.29
INPATIENT VISITS	3,898	25,506	1,170,165.67		45.88	.131		300.20		5.99
HOSPITAL VISITS	3,237	22,585	959,173.43		42.47	.116		296.32		4.91
CRITICAL CARE	311	1,211	155,290.48			.006		499.33		.79
SNF/ICF/TRANS IP CARE	679	1,710	55,701.76		32.57	.009		82.03		.29
OPHTHALMOLOGICAL SERVICES	562	704	29,257.28		41.56	.004		52.06		.15
EXAMINATIONS	558	700	29,143.41		41.63	.004		52.23		.15
SERVICES AND MATERIALS	4	4	113.87		28.47	.000		28.47		.00
INPATIENT HOSPITAL SURGERY	1,395	10,533				.054		498.19		3.56
PRINCIPAL SURGEON	1,024	1,779	523,997.10		294.55	.009		511.72		2.68
ASSISTANT SURGEON	105	111	25,531.94		230.02 16.83 77.74	.001		243.16		.13
ANESTHESIOLOGIST	551	8,643	145,445.85		16.83	.044		263.97		.74
OUTPATIENT SURGERY	1,888	3,965	308,230.70		77.74	.020		163.26		1.58
PRINCIPAL SURGEON	1,679	2,146	258,702.19		120.55	.011		154.08		
ASSISTANT SURGEON	7	7	876.49		125.21	.000		125.21		.00
ANESTHESIOLOGIST	281	1,812	48,652.02		26.85	.009		173.14		.25
DIALYSIS	622	2,190	48,652.02 164,261.63 111.800.63		75.01 4.27	.011		264.09 32.01		.84
PATHOLOGY	3,493	26,210			4.27	.134		32.01		.57
RADIOLOGY	5,766	13,051				.067		77.02		2.27
PSYCHIATRY	12	18	426.97		23.72	.000		35.58		.00
IMMUNIZATION AND INJECTION	466	2,057	102,760.37		49.96	.011		220.52		.53
OTHER SERVICES/ALL X-OVERS	14,021	48,746	724,255.52		14.86	.249		51.66		3.71
@PHARMACY	108,806	1,658,682	\$	\$		8.489	\$	374.12	\$	208.33
PRESCRIPTION DRUGS	107,167	444,113	38,601,277.10		86.92	2.273		360.20		197.56
SNF/ICF	6,196	43,782				.224		537.31		17.04
OUTPATIENTS	101,506	400,331				2.049		347.49		180.52
MEDICAL SUPPLIES	10,654	1,214,569				6.216		197.62		10.78
@DENTIST	12,790	60,085	\$ 2,451,258.73	\$.308	\$		\$	12.55
VISITS - DIAGNOSTIC	8,370	36,189	426,728.09		11.79	.185		50.98		2.18
ORAL SURGERY	1,912	5,792	304,575.38		52.59	.030		159.30		1.56

DRUGS	82	90		1,425.00	15.83	.000	17.38		.01
ANESTHESIA	93	94		9,200.00	97.87	.000	98.92		.05
PERIODONTICS	1,201	1,241		179,445.50	144.60	.006	149.41		.92
ENDODONTICS	680	979		204,743.50	209.14	.005	301.09		1.05
RESTORATIVE DENTISTRY	3,667	10,253		772,654.50	75.36	.052	210.70		3.95
PROSTHETICS	113	116		3,415.00	29.44	.001	30.22		.02
DENTURES, STAYPLATES	1,625	4,697		538,508.77	114.65	.024	331.39		2.76
SPACE MAINTAINERS	7	4,097		330.00	36.67	.000	47.14		.00
MAXILLOFACIAL SERVICES	15	17		1,233.99	72.59	.000	82.27		.01
	1	1							
FRACTURES, DISLOCATIONS				.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	105	124		8,520.00	68.71	.001	81.14		.04
ALL OTHER SERVICES	350	483		479.00	.99	.002	1.37	_	.00
		ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2 2003	Ρ.	AGE 2,146
MOP024	FEE-FOR-SERVICE								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL DIS	ABLED	1					
						MONT	THLY AVERA	GE	
195,394 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2,611	7,195	\$	153,064.33	\$ 21.27	.037 \$	58.62	\$.78
DIAGNOSTIC AND ANC. PROCED	1,116	1,132	•	51,487.40	45.48	.006	46.14		.26
EYE APPLIANCES	1,932	5,660		93,632.82	16.54	.029	48.46		.48
OTHER OPTOMETRIC SERVICES	236	403		7,944.11	19.71	.002	33.66		.04
@CHIROPRACTOR	88	179	\$	2,720.83	\$ 15.20	.001 \$	30.92	Ś	.01
VISITS	75	148	Y	2,460.58	16.63	.001	32.81	Y	.01
OTHER SERVICES	13	31		260.25	8.40	.000	20.02		.00
@PODIATRIST	2,142	3,328	Ś	56,979.28	\$ 17.12	.017 \$	26.60	ė.	.29
	2,142	1,039	Ą	26,329.14	25.34	.017 \$	30.37	Ą	.13
MEDICINE/INDECTIONS	202	325			17.92		19.88		.13
SURGERY/ANES.	867 293 49 1,121	325 67		5,824.09	17.75	.002	24.27		.03
RADIO./PATHOLOGY	1 101			1,189.40		.000			
OTHER	1,121	1,897		23,636.65	12.46	.010	21.09		.12
@HOME HEALTH AGENCY	736	54,528	Ş	1,727,083.61	\$ 31.67	.279 \$	2346.58	\$	8.84
NURSE ANESTHESIST	12	55	Ş	1,221.19	\$ 22.20	.000 \$	101.77	\$.01
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	13	32	\$	338.32	\$ 10.57	.000 \$	26.02	\$.00
@TOTAL HOSPITAL	20,031	134,196	\$	32,433,162.65	\$ 241.69	.687 \$	1619.15	\$	165.99
HOSP INPATIENT TOTAL	3,637	28,592		29,904,592.42	1045.91	.146	8222.32		153.05
HSC HOSPITALS	1,956	14,807		17,925,490.67	1210.61	.076	9164.36		91.74
NON-HSC HOSPITAL TOTAL	895	7,126		10,951,975.43	1536.90		12236.84		56.05
ACCOMMODATIONS	894	7,126		3,303,572.79	463.59	.036	3695.27		16.91
ADMINISTRATIVE DAYS	242	2,922		649,351.87	222.23	.015	2683.27		3.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	676	4,204		2,654,220.92	631.36	.022	3926.36		13.58
ANCILLARIES	889	0		7,648,402.64	.00	.000	8603.38		39.14
INPATIENT CROSSOVERS	926	6,659		1,027,126.32	154.25	.034	1109.21		5.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	17,354	105,604		2,528,570.23	23.94	.540	145.71		12.94
MEDICAL	3,585	5,721		209,926.46	36.69	.029	58.56		1.07
SURGERY	1,026	1,225		55,562.95	45.36	.006	54.15		.28
PATHOLOGY	5,451	34,004		339,511.51	9.98	.174	62.28		1.74
RADIOLOGY	3,910	6,438		440,917.73	68.49	.033	112.77		2.26
ROOM USE	8,968	12,976		472,966.85	36.45	.066	52.74		2.42
CROSSOVERS/ALL OTH OUTPTNT	9,967	45,240		1,009,684.73	22.32	.232	101.30		5.17
@COUNTY HOSPITAL TOTAL	1,681	10,747	\$	6,459,316.71	\$ 601.03	.055 \$		\$	33.06
CO HOSPITAL INPATIENT TOTAL	988	7,472	Y	6,366,515.55	852.05	.038	6443.84	Ų	32.58
	786	5,166		5,812,727.18	1125.19	.026	7395.33		29.75
HSC HOSPITALS									
NON-HSC HOSPITALS TOTAL	43	776		375,139.12	483.43	.004	8724.17		1.92
ACCOMMODATIONS	43	776		178,570.04	230.12	.004	4152.79		.91
ADMINISTRATIVE DAYS	41	765		174,330.43	227.88	.004	4251.96		.89
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

ANGILIADIEC	43	0		196,569.08	.00	.000	4E71 27		1.01
ANCILLARIES	180	1 520		196,569.08 178,649.25 .00	116 76	.000	4571.37 992.50 .00		
INPATIENT CROSSOVERS	180	1,530 0 3,275		1/8,649.25	116.76	.008	992.50		.91
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0	0		.00	.00	.000	.00 130.34		.00
CO HOSP OUTPATIENT TOTAL	712	3,275		92,801.16	28.34	.017	130.34		.47
MEDICAL	214	304		11,253.97	37.02	.002	52.59		.06
SURGERY	87	111		4.731.64	42.63	.001	52.59 54.39		.02
PATHOLOGY	252	1 108		14 866 87	13 42	.006	59.00 162.71		.08
PADTOLOGY	120	217		20 989 25	96 72	.001	162 71		.11
RADIOHOGI	433	602		20,909.23	30.72	.001	102.71		.12
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	433	002		23,824.80	39.58	.003	55.02		
CROSSOVERS/ALL OTH OUTPINT	296	304 111 1,108 217 602 933		11,253.97 4,731.64 14,866.87 20,989.25 23,824.80 17,134.63	18.3/	.005	57.89		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON'	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003		GE 2,147
MOP024	FEE-FOR-SERVICE	I/DENTAL							01/29/04
MOP024 CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL DISABI	LED			MO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CE.	
105 204 57 76757 56	Hanna					MOI			
195,394 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					OST PER
		OR DAYS OF CARE			PER UNIT/DAY				LIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,658	123,449 \$		25,973,845.94	\$ 210.40	.632	\$ 1392.10	\$	132.93
©COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	2,715	21,120		23,538,076.87	1114.49	.108	8669.64		120.46
HSC HOSPITALS	1 207	9,641		23,538,076.87 12,112,763.49 10,576,836,31	1256 38	.049			61.99
MON_UCC UOCDITALC TOTAL	25/	6 350		10,576,836.31	1665 64	033	12385.05		54.13
ACCOMMODATIONS	053	6,350		2 125 002 75	400.13	.032			
ACCOMMODALIONS	033	0,350		3,125,002.75	1114.49 1256.38 1665.64 492.13	.032	3663.54		15.99
ADMINISTRATIVE DAYS	201	2,15/		4/5,021.44	220.22	.011	2363.29		2.43
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	3663.54 2363.29 .00 3931.72 8787.54 1135.85		.00
ALL OTHER ACCOM	674	4,193		2,649,981.31	632.00	.021	3931.72		13.56
ANCILLARIES	848	0		7,451,833.56	.00	.000	8787.54		38.14
INPATIENT CROSSOVERS	747	5.129		848.477.07	165.43	.026	1135.85		4.34
ALL OTHER INDATIENT	0	0		0.00	00	000	00		.00
COMM HOCD OUTDATTENT TOTAL	16 770	102 220		2 425 760 07	22 00	.000 E24	.00 145.25 58.69 54.02		12.47
COMM HOSP OUTPATIENT TOTAL	10,770	102,329		2,435,769.07	23.00	.524	143.23		
MEDICAL	3,385	5,41/		198,672.49	36.68	.028	58.69		1.02
SURGERY	941	1,114		50,831.31	45.63	.006	54.02 62.19		.26
PATHOLOGY	5,220	32,896		324,644.64	9.87	.168	62.19		1.66
RADIOLOGY	3,790	6,221		419,928.48	67.50	.032	110 80		2.15
ROOM USE	8.606	12.374		449.142.05	36.30	.063	52.19		2.30
CROSSOVERS/ALL OTH OUTDTNT	9 696	44 307		992 550 10	22 40	.227	102.37		5.08
@STATE HOSPITAL	12	11,307 125 ë		250 846 82	¢ 576 66	002	\$ 20903.90	Ġ	
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	12	430 \$		3,125,002.75 475,021.44 .00 2,649,981.31 7,451,833.56 848,477.07 .00 2,435,769.07 198,672.49 50,831.31 324,644.64 419,928.48 449,142.05 992,550.10 250,846.82	٥٥،٥٥	.002			
MENTALLY ILL	0	0		.00 250,846.82 18,359,270.97 65,557.94	.00	.000	.00		.00
DEVELOP. DISABLED	12	435		250,846.82	576.66	.002	20903.90		1.28
@NURSING FACILITY	4,481	127,893 \$		18,359,270.97	\$ 143.55	.655	\$ 4097.14	\$	93.96
LEV A-INTERMEDIATE	23	860		65,557.94	76.23	.004	2850.35		.34
LEV B-REHAB MD	275	8,647		1,037,203.33	119.95	.044	3771.65		5.31
LEV B-SUBACUTE FREESTANDING	30	972		550,134.84	119.95 565.98	.005	18337.83		2.82
TEV D CUDACUTE HODEL DAGED	150	4 001		2,307,036.51	462.24	.026	15380.24		11.81
LEV D-SUBACULE DSPIL DASED	150	4,991		2,307,030.31	462.24				
LEV B-IRANSIIIONAL IP CARE	4 000	110 100		.00	.00	.000	.00		.00
LEV B-REGULAR	4,009	112,423		14,399,338.35 6,450,084.57	128.08	.575	3591.75		73.69
@INTERMEDIATE CARE FACILDD	1,327	41,631 \$		6,450,084.57	\$ 154.93	.213	\$ 4860.65	\$	
@NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL	887	28,301		4,012,002.93 .00 2,438,081.64 2,278,507.74	141.76	.145	4523.11		20.53
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	440	13,330 44,017 \$		2 438 081 64	182 90	.068	5541.09		12.48
@HEMODIALYSIS TOTAL	2,054	13,330 11 017 ¢		2 278 507 74	¢ 51.76	225	\$ 1109.30		
WILL DAGED	2,034	44,017 Ş		2,270,307.74	300.00	.223	•	Ą	
HOSPITAL BASED	4	60		23,454.00	390.90	.000	5863.50		.12
HEMODIALYSIS CENTER	2,050	43,957		2,255,053.74	51.30	.225	1100.03		11.54
@REHABILITATION FACILITY	465	7,446 \$		98,376.23	\$ 13.21	.038		\$.50
HOSPITAL BASED	182	610		17,906.57	29.36	.003	98.39		.09
INDEPENDENT FACILITY	283	6,836		80,469.66	11.77	.035	284.35		.41
@LABORATORY FACILITY	3,999	21,946 \$		264,217.04	\$ 12.04	.112		\$	1.35
PATHOLOGY	3,925	21,802		262,784.51	12.05	.112	66.95	~	1.34
XO AND OTHERS	3,923 77	144		1,432.53	9.95	.001	18.60		
								d	.01
@ORGANIZED OUTPATIENT CLINIC	40,872	72,004 \$		16,246,601.89	\$ 225.63	.369		\$	83.15
CLINIC	996	3,387		118,567.81	35.01	.017	119.04		.61

ALL OTHER ACCOM

2

11

4,239.61

385.42

.000

2119.81

SURGICENTER	49	118	8,621.74	73.07	.001	175.95	.04
HEROIN DETOX CLINIC	67	736	8,420.96	11.44	.004	125.69	.04
RURAL HEALTH CLINIC	40,045	67,763	16,110,991.38	237.75	.347	402.32	82.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,148
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
CONTRA COSTA COLINT	CIIMMARV OF SERVICES I	FOR ALL DISARI	.FD				

CONTIGE CODITE COOM	DOMINING OF BEICV	TCDD TOK THE DIDTED					
						NTHLY AVERA	
195,394 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	26,250	6,027,226 \$	7,368,027.02	\$ 1.22	30.847	•	
DURABLE MED. EQUIP.	2,337	13,790	1,541,777.70	111.80	.071	659.73	7.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	105	153	42,243.17	276.10	.001	402.32	.22
MEDICAL TRANSPORTATION	5,792	171,086	1,197,857.11	7.00	.876	206.81	6.13
AMBULANCES/AIR TRANS	4,554	43,241	656,979.77	15.19	.221	144.26	3.36
OTHER TRANS	1,305	126,917	512,899.53	4.04	.650	393.03	2.62
OTHER SERVICES	120	928	27,977.81	30.15	.005	233.15	.14
ACUPUNCTURE	360	1,220	21,568.01	17.68	.006	59.91	.11
ADULT DAY HEALTH CARE CTR	891	11,523	799,510.15	69.38	.059	897.32	4.09
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	826	22,027	893,802.61	40.58	.113	1082.09	4.57
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	3,844	9,261	115,342.08	12.45	.047	30.01	.59
PHYSICAL THERAPIST	3	8	46.37	5.80	.000	15.46	.00
PORTABLE X-RAY	132	260	2,992.55	11.51	.001	22.67	.02
PROSTHETIST/ORTHOTISTS	575	2,102	230,207.96	109.52	.011	400.36	1.18
PROSTHETICS	533	2,042	226,357.04	110.85	.010	424.68	1.16
ORTHOTICS	44	60	3,850.92	64.18	.000	87.52	.02
PSYCHOLOGIST	243	597	8,716.84	14.60	.003	35.87	.04
SPEECH AND AUDIOLOGY	1,251	3,888	209,187.01	53.80	.020	167.22	1.07
HOSPICE SERVICES	143	3,475	509,385.35	146.59	.018	3562.14	2.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,069	87,247	687,053.15	7.87	.447	168.85	3.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,151	5,700,566	1,106,095.88	.19	29.175	135.70	5.66
@CALIF. CHILDREN SERVICES*	3,215	127,719 \$	5,933,522.12	\$ 46.46	.654	\$ 1845.57	
@XOVER EXCLUDING STATE HOSP**		217,237 \$		\$ 18.79	1.112	•	
@* TOTALC IN TURCE IINEC ADE	•	, , , , , , , , , , , , , , , , , , , ,					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL FAMILIES

183,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	133,076	647,661	\$ 49,955,443.35	\$ 77.13	3.530	\$ 375.39	\$ 272.31
@PHYSICIANS SERVICES	15,985	59,708	\$ 3,144,773.72	\$ 52.67	.325	\$ 196.73	\$ 17.14
OUTPATIENT VISITS	9,878	16,214	617,049.76	38.06	.088	62.47	3.36
OFFICE VISITS	4,025	5,064	194,586.88	38.43	.028	48.34	1.06
HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	4,772	5,336	282,443.48	52.93	.029	59.19	1.54
PREVENTIVE CARE	62	63	2,605.90	41.36	.000	42.03	.01
OB VISITS/COMPRE PERI	696	4,852	100,984.68	20.81	.026	145.09	.55
OTHER OUTPATIENT	730	898	36,391.40	40.52	.005	49.85	.20
INPATIENT VISITS	2,427	11,023	887,049.06	80.47	.060	365.49	4.84
HOSPITAL VISITS	2,226	7,650	351,623.60	45.96	.042	157.96	1.92
CRITICAL CARE	366	3,369	535,207.96	158.86	.018	1462.32	2.92

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----- MONTHLY AVERAGE -----

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	4	217.50	54.38	.000	217.50	.00
OPHTHALMOLOGICAL SERVICES	106	146	6,904.74	47.29	.001	65.14	.04
EXAMINATIONS	103	143	6,891.62	48.19	.001	66.91	.04
SERVICES AND MATERIALS	3	3	13.12	4.37	.000	4.37	.00
INPATIENT HOSPITAL SURGERY	2,106	10,444	991,326.19	94.92	.057	470.72	5.40
PRINCIPAL SURGEON	1,598	2,385	770,893.51	323.23	.013	482.41	4.20
ASSISTANT SURGEON	241	248	42,324.89	170.66	.001	175.62	.23
ANESTHESIOLOGIST	775	7,811	178,107.79	22.80	.043	229.82	.97
OUTPATIENT SURGERY	1,145	2,460	176,919.70	71.92	.013	154.52	.96
PRINCIPAL SURGEON	977	1,232	136,916.10	111.13	.007	140.14	.75
ASSISTANT SURGEON	3	3	538.28	179.43	.000	179.43	.00
ANESTHESIOLOGIST	289	1,225	39,465.32	32.22	.007	136.56	.22
DIALYSIS	55	229	17,515.01	76.48	.001	318.45	.10
PATHOLOGY	2,502	9,352	69,284.92	7.41	.051	27.69	.38
RADIOLOGY	2,997	4,821	219,948.68	45.62	.026	73.39	1.20
PSYCHIATRY	6	10	406.61	40.66	.000	67.77	.00

IMMUNIZATION AND INJECTION	361	784		9,767.18		12.46	.004		27.06		.05
OTHER SERVICES/ALL X-OVERS	2,258	4,225		148,601.87		35.17	.023		65.81		.81
@PHARMACY	16,157		\$	2,485,106.82	\$	39.48	.343	Ś	153.81	Ś	13.55
PRESCRIPTION DRUGS	15,797	35,243	т	2,357,645.28	-	66.90	.192	т.	149.25	т.	12.85
SNF/ICF	19	102		9,133.13		89.54	.001		480.69		.05
OUTPATTENTS	15 783	35,141		2,348,512.15		66.83	.192		148.80		12.80
MEDICAL SUPPLIES	880 33,704 24,841 4,936	27,709		127,461.54		4.60	.151		144.84		.69
@DENTIST	33.704	188,630	Ś	5,674,903.81	\$	30.08	1.028	Ś	168.37	Ś	30.93
VISITS - DIAGNOSTIC	24.841	126,085	Τ	1,694,127.72	Ψ.	13.44	.687	т	68.20	т	9.23
ORAL SURGERY	4.936	10,263		620,997.45		60.51	.056		125.81		3.39
DRUGS	1,443	1,669		37,086.25		22.22	.009		25.70		.20
ANESTHESIA	179	180		16,800.00		93.33	.001		93.85		.09
PERIODONTICS	1,290	1,321		185,557.00		140.47	.007		143.84		1.01
ENDODONTICS	2,758	4,937		596,050.65		120.73	.027		216.12		3.25
RESTORATIVE DENTISTRY	12.690	38,790		2,181,819.70		56.25	.211		171.93		11.89
PROSTHETICS	88 586	91		2,030.00		22.31	.000		23.07		.01
DENTURES, STAYPLATES	586	2,323		190,072.36		81.82	.013		324.36		1.04
SPACE MAINTAINERS	233	284		28,944.00		101.92	.002		124.22		.16
MAXILLOFACIAL SERVICES	53	53		4,167.43		78.63	.000		78.63		.02
FRACTURES, DISLOCATIONS	3	3		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1.307	1,621		116,506.25		71.87	.009		89.14		.64
ALL OTHER SERVICES	1,307 777	1,010		745.00		.74	.006		.96		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MON		EPOR'			DEC		Р	AGE 2,150
MOP024	FEE-FOR-SERVICE								2005	-	01/29/04
CONTRA COSTA COUNT		ICES FOR ALL FAMI	LIES								01,20,01
							Mo	ONT	HLY AVERA	GE	
183,452 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
·		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	683	1,892	\$	45,737.76	\$	24.17	.010	\$	66.97	\$.25
DIAGNOSTIC AND ANC. PROCED	538	540		24,983.86		46.27	.003		46.44		.14
EYE APPLIANCES	471	1,342		20,354.94		15.17	.007		43.22		.11
OTHER OPTOMETRIC SERVICES	9	10		398.96		39.90	.000		44.33		.00
@CHIROPRACTOR	97	178	\$	2,898.40	\$	16.28	.001	\$	29.88	\$.02
VISITS	96	172		2,875.84		16.72	.001		29.96		.02
OTHER SERVICES	1	6		22.56		3.76	.000		22.56		.00
@PODIATRIST	35	75	\$	3,360.62	\$	44.81	.000	\$	96.02	\$.02
MEDICINE/INJECTIONS	28	34		1,340.20		39.42	.000		47.86		.01
SURGERY/ANES.	97 96 1 35 28 6 9	10		607.18		60.72	.000		101.20		.00
RADIO./PATHOLOGY	9	15		261.22		17.41	.000		29.02		.00
OTHER	9	16		1,152.02		72.00	.000		128.00		.01
@HOME HEALTH AGENCY	72	3,437	\$	107,236.80	\$	31.20	.019	\$	1489.40	\$.58
NURSE ANESTHESIST	150		\$	15,240.39	\$	35.04	.002		101.60	\$.08
NURSE MIDWIFE	9	26	\$	4,301.84	\$	165.46	.000	\$	477.98	\$.02
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12		\$	491.45	\$	25.87	.000			\$.00
@TOTAL HOSPITAL	9,815 2,259 1,881	43,279	\$	16,668,685.54	\$	385.14	.236	\$	1698.29	\$	90.86
HOSP INPATIENT TOTAL	2,259	10,572		15,697,211.76		1484.79	.058		6948.74		85.57
HSC HOSPITALS	1,881	8,697		12,683,210.50		1458.34	.047		6742.80		69.14
NON-HSC HOSPITAL TOTAL	380	1,860		3,010,203.80		1618.39	.010		7798.46		16.41
ACCOMMODATIONS	384	1,860		1,222,401.52		657.21	.010		3183.34		6.66
ADMINISTRATIVE DAYS	15	89		19,891.80		223.50	.000		1326.12		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	371	1,771		1,202,509.72		679.00	.010		3241.27		6.55
ANCILLARIES	386	0		1,787,802.28		.00	.000		4631.61		9.75
TNIDATTENT CDOCCOVEDC	Ę	15		3 797 46		252 16	000		750 /0		0.2

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

5

7,861

1,608

605

2,684

0

15

0

32,707

2,322

705

12,935

253.16

.00

29.70

53.08

36.17

10.48

3,797.46

971,473.78

123,254.49 25,501.93

135,590.51

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.013

.004

.071

759.49

.00

123.58

76.65

42.15

50.52

.02

.00

5.30

.67

.14

RADIOLOGY	1,987	2,730		194,752.28	71.34	.015	98.01		1.06
ROOM USE	5,979	7,581		280,526.68	37.00	.041	46.92		1.53
					32.93		68.83		1.15
CROSSOVERS/ALL OTH OUTPTNT	3,078	6,434		211,847.89		.035			
@COUNTY HOSPITAL TOTAL	1,053	3,667	\$	3,035,044.25	\$ 827.66	.020 \$	2882.28	\$	16.54
CO HOSPITAL INPATIENT TOTAL	871	2,669		3,006,842.28	1126.58	.015	3452.17		16.39
					1120.50	.015			
HSC HOSPITALS	871	2,665		3,005,086.29	1127.61	.015	3450.16		16.38
NON-HSC HOSPITALS TOTAL	1	4		1,755.99	439.00	.000	1755.99		.01
ACCOMMODATIONS	1	1		462.60	115.65	.000	462.60		.00
		7.							
ADMINISTRATIVE DAYS	1	4		462.60	115.65	.000	462.60		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM		U							
ANCILLARIES	1	0		1,293.39	.00	.000	1293.39		.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	191	998		28,201.97	28.26	.005	147.65		.15
MEDICAL	37	47		1,776.48	37.80	.000	48.01		.01
				1,770.40					
SURGERY	54	74		2,235.95	30.22	.000	41.41		.01
PATHOLOGY	90	418		6,432.66	15.39	.002	71.47		.04
	23	28		2,019.48	72.12	.000	87.80		.01
RADIOLOGY				2,019.40					
ROOM USE	128	211		9,858.26	46.72	.001	77.02		.05
CROSSOVERS/ALL OTH OUTPTNT	89	220		5,879.14	26.72	.001	66.06		.03
		CES AND EXPENDITUR	10 MO					D	
			rs MO	NIH-OF-PAYMENI RE	EPORT FOR JAN	2003 THRU DE	iC 2003	P	AGE 2,151
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/04
CONTRA COSTA COUNT	STIMMARY OF SERV	ICES FOR ALL FAM:	TITES						
CONTINU CODIN COOM	BOTHLING OF BEIN	TODO TOR TIDE TIME	штпо			1401		~=	
						MON			
183,452 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
	0 001			10 600 641 00					
@COMMUNITY HOSPITAL TOTAL	8,801	39,612	\$	13,633,641.29	\$ 344.18		1549.10	Ş	74.32
COMM HOSP INPATIENT TOTAL	1,397	7,903		12,690,369.48	1605.77	.043	9084.02		69.18
HSC HOSPITALS	1,016	6,032		9,678,124.21	1604.46	.033	9525.71		52.76
					1004.40				
NON-HSC HOSPITALS TOTAL	385	1,856		3,008,447.81	1620.93	.010	7814.15		16.40
ACCOMMODATIONS	383	1,856		1,221,938.92	658.37	.010	3190.44		6.66
	14	85		19,429.20	228.58	.000	1387.80		.11
ADMINISTRATIVE DAYS									
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	371	1,771		1,202,509.72	679.00	.010	3241.27		6.55
ANCILLARIES	385	0		1,786,508.89	.00	.000	4640.28		9.74
INPATIENT CROSSOVERS	5	15		3,797.46	253.16	.000	759.49		.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7,679	31,709		943,271.81	29.75	.173	122.84		5.14
MEDICAL	1,572	2,275		121,478.01	53.40	.012	77.28		.66
SURGERY	551	631		23,265.98	36.87	.003	42.23		.13
PATHOLOGY	2,596	12,517		129,157.85	10.32	.068	49.75		.70
RADIOLOGY	1,964	2,702		192,732.80	71.33	.015	98.13		1.05
ROOM USE	5,857	7,370		270,668.42	36.73	.040	46.21		1.48
CROSSOVERS/ALL OTH OUTPTNT	2,990	6,214		205,968.75	33.15	.034	68.89		1.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
	0	0	٧					٧	
MENTALLY ILL	Ü			.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	2	175	\$	12,406.19	\$ 70.89	.001 \$	6203.10	¢	.07
	2		Y		•			Y	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
	0	0							
LEV B-SUBACUTE FREESTANDING	U			.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0								
LEV B-REGULAR	2	175		12,406.19	70.89	.001	6203.10		.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	т	.00	·	.000	.00	٠٣	.00
	•				.00				
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
	78	2,245	Ċ					ċ,	
@HEMODIALYSIS TOTAL	/8	2,245	\$	142,730.60	\$ 63.58	.012 \$	1029.88	\$.78

HOSPITAL BASED	10	119	46,790.88		.001	4679.09	.26
HEMODIALYSIS CENTER	68	2,126	95,939.72		.012	1410.88	.52
@REHABILITATION FACILITY	173	1,562 \$.009		
HOSPITAL BASED	95	293	12,475.63		.002	131.32	.07
INDEPENDENT FACILITY	78	1,269	14,631.74		.007	187.59	.08
@LABORATORY FACILITY	2,400	7,640 \$	114,884.61	\$ 15.04	.042	\$ 47.87	\$.63
PATHOLOGY	2,394	7,633	114,480.41	15.00	.042	47.82	.62
XO AND OTHERS	7	7	404.20	57.74	.000	57.74	.00
@ORGANIZED OUTPATIENT CLINIC	61,718	97,620 \$	20,328,956.24	\$ 208.25	.532	\$ 329.38	\$ 110.81
CLINIC	2,560	13,631	357,848.04	26.25	.074	139.78	1.95
SURGICENTER	8	38	1,447.76	38.10	.000	180.97	.01
HEROIN DETOX CLINIC	14	199	2,225.72	11.18	.001	158.98	.01
RURAL HEALTH CLINIC	59,346	83,752	19,967,434.72	238.41	.457	336.46	108.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 2,152
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL FAMIL	JIES				
					MOI	NTHLY AVERA	GE
183,452 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
· ·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17,046	177,788 \$	1,176,621.19	\$ 6.62	.969	\$ 69.03	\$ 6.41
DURABLE MED. EQUIP.	142	771	65,186.23	84.55	.004	459.06	.36
BLOOD BANK	3	792	2,376.00	3.00	.004	792.00	.01
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	9	31	7,058.93	227.71	.000	784.33	.04
MEDICAL TRANSPORTATION	9 1,068	13,223	226,036.90	17.09	.072	211.65	1.23
AMBULANCES/AIR TRANS	1,056	11,739	166,851.13	14.21	.064	158.00	.91
OTHER TRANS	20	1,454	5,710.77	3.93	.008	285.54	.03
OTHER SERVICES	30	30	53,475.00		.000	1782.50	. 29
ACUPUNCTURE	97	285	5,269.96		.002	54.33	.03
ADULT DAY HEALTH CARE CTR	1	1	72.00		.000	72.00	.00
CENTETTO DICENCE TECTINO	779	781	79,394.00		.004	101.92	.43
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	1	74	2,001.50		.000	2001.50	.01
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	4,103	8,732	81,533.73		.048	19.87	.44
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	0	0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	122	336	45,617.90		.002	373.92	.25
PROSTHETICS	92	305	42,993.70		.002	467.32	.23
ORTHOTICS	31	31	2,624.20		.000	84.65	.01
PSYCHOLOGIST	14	123	7,292.63		.001	520.90	.04
SPEECH AND AUDIOLOGY	35	102	9,784.76		.001	279.56	.05
HOSPICE SERVICES	1	28	4,585.84		.000	4585.84	.02
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	10,760	56,279	622,762.31		.307	57.88	3.39
EPSDT SUPPLEMENTAL SERVICE	10,700	0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	67	96,230	17,648.50		.525	263.41	.10
@CALIF. CHILDREN SERVICES*	3,378	35,393 \$	9,175,586.31		.193		\$ 50.02
@XOVER EXCLUDING STATE HOSP**	•	1,235 \$.007		\$.14
@* TOTALS IN THESE LINES ARE				7 21.50	.007	ų <u>2</u> ,2,13	Y • ± ±
C TOTITION TIME TITION AND WITH	CTADIA 170 W DELVIK	TILL TIME OFFICE TATE	ОТАПТ 1				

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,153 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

							MOI	NTHLY AVERA	GE	
22,412 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	10,999	89,309	\$	4,732,484.50	\$	52.99	3.985	\$ 430.26	\$	211.16
@PHYSICIANS SERVICES	2,521	8,456	\$	350,146.58	\$	41.41	.377	3 138.89	\$	15.62

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1,718	2,748		97,811.26	35.59	.123	56.93	4.36
OFFICE VISITS	1,002	1,230		43,396.55	35.28	.055	43.31	1.94
	•							
HOME VISITS	2	2		50.40	25.20	.000	25.20	.00
EMERGENCY ROOM	582	639		34,002.07	53.21	.029	58.42	1.52
PREVENTIVE CARE	16	17		772.35	45.43	.001	48.27	.03
OB VISITS/COMPRE PERI	101	770		16,528.27	21.47	.034	163.65	.74
OTHER OUTPATIENT	84	90		3,061.62	34.02	.004	36.45	.14
INPATIENT VISITS	276	1,275		76,914.65	60.33	.057	278.68	3.43
HOSPITAL VISITS	232	947		40,934.56	43.23	.042	176.44	1.83
CRITICAL CARE	48	257		33,278.16	129.49	.011	693.30	1.48
SNF/ICF/TRANS IP CARE	25	71		2,701.93	38.06	.003	108.08	.12
OPHTHALMOLOGICAL SERVICES	20	22		987.98	44.91	.001	49.40	.04
	19	21		982.69	46.79	.001	51.72	.04
EXAMINATIONS								
SERVICES AND MATERIALS	1	1		5.29	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	187	1,597		82,813.91	51.86	.071	442.86	3.70
PRINCIPAL SURGEON	129	194		63,243.58	326.00	.009	490.26	2.82
ASSISTANT SURGEON	10	10		1,685.91	168.59	.000	168.59	.08
ANESTHESIOLOGIST	90	1,393		17,884.42	12.84	.062	198.72	.80
OUTPATIENT SURGERY	202	379		34,088.57	89.94	.017	168.76	1.52
				·				
PRINCIPAL SURGEON	185	221		28,777.15	130.21	.010	155.55	1.28
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	60	158		5,311.42	33.62	.007	88.52	.24
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	343	975		6,632.68	6.80	.044	19.34	.30
RADIOLOGY	462	815		33,225.88	40.77	.036	71.92	1.48
PSYCHIATRY	1	1		47.72	47.72	.000	47.72	.00
IMMUNIZATION AND INJECTION	92	180		2,427.70	13.49	.008	26.39	.11
OTHER SERVICES/ALL X-OVERS	296	464		15,196.23	32.75	.021	51.34	.68
@PHARMACY	3,164	18,010	\$	409,819.75	\$ 22.76	.804 \$	129.53	\$ 18.29
PRESCRIPTION DRUGS	3,133	6,712	•	398,032.44	59.30	.299	127.05	17.76
SNF/ICF	72	577		34,039.39	58.99	.026	472.77	1.52
					59.33			
OUTPATIENTS	3,063	6,135		363,993.05		. 274	118.84	16.24
MEDICAL SUPPLIES	116	11,298	_	11,787.31	1.04	.504	101.61	.53
@DENTIST	1,204	6,715	\$	194,322.20	\$ 28.94	.300 \$	161.40	
VISITS - DIAGNOSTIC	933	4,670		67,743.70	14.51	.208	72.61	3.02
ORAL SURGERY	124	265		17,798.50	67.16	.012	143.54	.79
DRUGS	39	42		865.00	20.60	.002	22.18	.04
ANESTHESIA	5	6		600.00	100.00	.000	120.00	.03
PERIODONTICS	21	23		2,693.00	117.09	.001	128.24	.12
ENDODONTICS	72	118		17,404.00	147.49	.005	241.72	.78
RESTORATIVE DENTISTRY	443	1,479						
PROSTHETICS		± 1 ± 1 2		81,112.00	54.84	.066	183.10	3.62
	4	4		81,112.00 120.00	54.84 30.00	.066 .000		3.62 .01
	4 2	4		120.00	30.00	.000	183.10 30.00	.01
DENTURES, STAYPLATES	4 2 7	4 10		120.00 376.00	30.00 37.60	.000	183.10 30.00 188.00	.01 .02
DENTURES, STAYPLATES SPACE MAINTAINERS	2 7	. 4 10 8		120.00 376.00 560.00	30.00 37.60 70.00	.000 .000 .000	183.10 30.00 188.00 80.00	.01 .02 .02
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	2 7 3	4 10 8 3		120.00 376.00 560.00 150.00	30.00 37.60 70.00 50.00	.000 .000 .000 .000	183.10 30.00 188.00 80.00 50.00	.01 .02 .02 .01
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	2 7 3 0	4 10 8 3 0		120.00 376.00 560.00 150.00	30.00 37.60 70.00 50.00	.000 .000 .000 .000	183.10 30.00 188.00 80.00 50.00	.01 .02 .02 .01
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	2 7 3	4 10 8 3		120.00 376.00 560.00 150.00	30.00 37.60 70.00 50.00 .00 85.96	.000 .000 .000 .000	183.10 30.00 188.00 80.00 50.00	.01 .02 .02 .01
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	2 7 3 0	4 10 8 3 0		120.00 376.00 560.00 150.00	30.00 37.60 70.00 50.00	.000 .000 .000 .000	183.10 30.00 188.00 80.00 50.00	.01 .02 .02 .01
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	2 7 3 0 46 26	4 10 8 3 0 57	S MONTF	120.00 376.00 560.00 150.00 .00 4,900.00	30.00 37.60 70.00 50.00 .00 85.96	.000 .000 .000 .000 .000 .003	183.10 30.00 188.00 80.00 50.00 .00 106.52	.01 .02 .02 .01 .00 .22
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 7 3 0 46 26 MEDI-CAL SERVIC	4 10 8 3 0 57 30 ES AND EXPENDITURES	S MONTI	120.00 376.00 560.00 150.00 .00 4,900.00	30.00 37.60 70.00 50.00 .00 85.96	.000 .000 .000 .000 .000 .003	183.10 30.00 188.00 80.00 50.00 .00 106.52	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE	4 10 8 3 0 57 30 ES AND EXPENDITURES		120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96	.000 .000 .000 .000 .000 .003	183.10 30.00 188.00 80.00 50.00 .00 106.52	.01 .02 .02 .01 .00 .22
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE	4 10 8 3 0 57 30 ES AND EXPENDITURES		120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	4 10 8 3 0 57 30 ES AND EXPENDITURES I/DENTAL ICES FOR ALL MEDIC		120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2003	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE	4 10 8 3 0 57 30 ES AND EXPENDITURES //DENTAL ICES FOR ALL MEDIC		120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL TICES FOR ALL MEDICULATION OF SERVICE OR DAYS OF CARE	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE COST PER ELIGIBLE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL TICES FOR ALL MEDICULATION OF SERVICE OR DAYS OF CARE		120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE COST PER ELIGIBLE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL TICES FOR ALL MEDICULATION OF SERVICE OR DAYS OF CARE	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE COST PER ELIGIBLE \$.34
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 121 83	4 10 8 3 0 57 30 ES AND EXPENDITURES COMPANY C	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58 3,846.37	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 25.38 46.34	.000 .000 .000 .000 .000 .003 .001 003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91 46.34	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE COST PER ELIGIBLE \$.34 .17
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 121 83 80	4 10 8 3 0 57 30 ES AND EXPENDITURES COMPANY C	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58 3,846.37 3,368.29	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 25.38 46.34 15.89	.000 .000 .000 .000 .000 .003 .001 003 THRU DEC	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91 46.34 42.10	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE COST PER ELIGIBLE \$.34 .17
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 121 83 80 5	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL CICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 300 83 212 5	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58 3,846.37 3,368.29 397.92	30.00 37.60 70.00 50.00 .00 85.96 .00 CPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 25.38 46.34 15.89 79.58	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC 	183.10 30.00 188.00 80.00 50.00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91 46.34 42.10 79.58	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	2 7 3 0 46 26 MEDI-CAL SERVICE SUMMARY OF SERV USERS 121 83 80 5 3	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL CICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 300 83 212 5 4	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58 3,846.37 3,368.29 397.92 66.88	30.00 37.60 70.00 50.00 .00 85.96 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 25.38 46.34 15.89 79.58 \$ 16.72	.000 .000 .000 .000 .000 .003 .001 003 THRU DEC MONY UNITS/DAYS PER ELIG .013 \$.004 .009 .000	183.10 30.00 188.00 80.00 50.00 .00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91 46.34 42.10 79.58 22.29	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	2 7 3 0 46 26 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 121 83 80 5	4 10 8 3 0 57 30 ES AND EXPENDITURES COMMENTAL CICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 300 83 212 5	CALLY 1	120.00 376.00 560.00 150.00 .00 4,900.00 .00 H-OF-PAYMENT RE INDIGENT EXPENDITURES 7,612.58 3,846.37 3,368.29 397.92	30.00 37.60 70.00 50.00 .00 85.96 .00 CPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 25.38 46.34 15.89 79.58	.000 .000 .000 .000 .000 .003 .001 .003 THRU DEC 	183.10 30.00 188.00 80.00 50.00 106.52 .00 2 2003 CHLY AVERA COST PER USER 62.91 46.34 42.10 79.58	.01 .02 .02 .01 .00 .22 .00 PAGE 2,154 01/29/04 GE

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	26	\$ 1,146.78	\$ 44.11	.001	\$ 114.68	\$.05
MEDICINE/INJECTIONS	9	12	454.08	37.84	.001	50.45	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	5	9	606.20	67.36	.000	121.24	.03
@HOME HEALTH AGENCY	11	34	\$ 2,279.25	\$ 67.04	.002	\$ 207.20	\$.10
NURSE ANESTHESIST	10	32	\$ 1,015.45	\$ 31.73	.001	\$ 101.55	\$.05
NURSE MIDWIFE	3	21	\$ 2,392.44	\$ 113.93	.001	\$ 797.48	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 75.17	\$ 75.17	.000	\$ 75.17	\$.00
@TOTAL HOSPITAL	1,351	5,720	\$ 1,836,007.24	\$ 320.98	.255	\$ 1359.00	\$ 81.92
HOSP INPATIENT TOTAL	222	1,080	1,714,684.11	1587.67	.048	7723.80	76.51
HSC HOSPITALS	184	841	1,247,766.53	1483.67	.038	6781.34	55.67
NON-HSC HOSPITAL TOTAL	39	239	466,917.58	1953.63	.011	11972.25	20.83
ACCOMMODATIONS	39	239	130,986.14	548.06	.011	3358.62	5.84

	2	014		106 460 55		.000	241 - 05	- 64
ALL OTHER ACCOM	37	214		126,460.57	590.94	.010	3417.85	5.64
ANCILLARIES	39	0		225 421 717	.00	.000	8613.63	14.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0 1,170	4 640		121 323 13	26.15	207	.00 103.69 70.09	5.41
MEDICAL	202	220		1/ 150 1/	43.17	015	70.09	.63
	202	0 0 4,640 328 140 1,747		14,130.14	43.17	.015	70.09	.03
SURGERY		140		1,010.70	20.72	.006	34.31	.18
PATHOLOGY	396	1,747		20,875.82	11.95	.078	52.72	.93
RADIOLOGY	280	353 1,185		19,531.25	55.33	.016	69.75	.87
ROOM USE	912	1,185		44.279.35	37.37	.053	48.55	1.98
CROSSOVERS/ALL OTH OUTPTNT		887		18.429.79	20.78	.040	42.56	.82
@COUNTY HOSPITAL TOTAL	118	478 \$	4	239 624 40	¢ 501 31	021	\$ 2030.72	
CO HOSPITAL INPATIENT TOTAL	75	227	,	232,024.40	1006 30	.010	3106.55	10.40
CO HOSPITAL INPATIENT TOTAL	118 75 75			18,429.79 239,624.40 232,991.08 232,991.08	1020.39	.010		
HSC HOSPITALS	/5	227					3106.55	10.40
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000		
ADMINISTRATIVE DAYS	0	0 0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0 0 0 0		.00	.00 .00 .00	.000	.00	.00
AMOTETADIEC	0	0		0.0	.00	.000	.00	
INPATIENT CROSSOVERS	0	Ô		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4.5	0		.00	.00			
	45	251		6,633.32	26.43	.011	147.41	.30
MEDICAL	14	15 19		.00 6,633.32 485.67 534.69 1,605.94 161.26	32.38	.001	34.69 38.19 114.71	.02
SURGERY	14	19		534.69	28.14	.001	38.19	.02
PATHOLOGY	14	89		1,605.94	18.04	.004	114.71	.07
RADIOLOGY	4	4		161.26	40.32	.000	40.32	.01
ROOM USE	31	62		2,556.60	41.24	.003	82.47	.11
CROSSOVERS/ALL OTH OUTPTNT	26	62		2,556.60 1,289.16	41.24 20.79	. 003	82.47 49.58	.06
ONOBBO (END) HEE OHE COLLINE	= 0							
#CALIE DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITIBES	MON	TH-OF-DAVMENT RE			EC 2003	DAGE 2 155
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RE			EC 2003	PAGE 2,155
	FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL	S MON	TH-OF-PAYMENT RE			EC 2003	PAGE 2,155 01/29/04
MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RE		2003 THRU D	EC 2003	PAGE 2,155 01/29/04
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN :	2003 THRU D	EC 2003 NTHLY AVERA	PAGE 2,155 01/29/04 GE
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN : AVERAGE COST	2003 THRU D	EC 2003 NTHLY AVERA COST PER	PAGE 2,155 01/29/04 GE COST PER
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES	EPORT FOR JAN : AVERAGE COST PER UNIT/DAY	2003 THRU D	EC 2003 NTHLY AVERA COST PER USER	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES	EPORT FOR JAN : AVERAGE COST PER UNIT/DAY	2003 THRU D	EC 2003 NTHLY AVERA COST PER USER	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES	EPORT FOR JAN : AVERAGE COST PER UNIT/DAY	2003 THRU D	EC 2003 NTHLY AVERA COST PER USER \$ 1283.27	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04	2003 THRU DE MOI UNITS/DAYS PER ELIG .234 .038	EC 2003 NTHLY AVERA COST PER USER \$ 1283.27 9944.25	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04	2003 THRU DE MOI UNITS/DAYS PER ELIG .234 .038	EC 2003 NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63	2003 THRU DO	EC 2003 NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63	2003 THRU DE CONTROL D	EC 2003 NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.17	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06	MO: UNITS/DAYS PER ELIG .234 .038 .027 .011 .011	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.17	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06	MO: UNITS/DAYS PER ELIG .234 .038 .027 .011 .011	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.17	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06	MO: UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85	PAGE 2,155 01/29/04 GE
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .011 .001 .000	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .001 .000 .010	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .001 .000 .010	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .001 .000 .010	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .001 .000 .010 .000	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 0 1,130 191	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 0 4,389 313	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00	MOX UNITS/DAYS PER ELIG .234 .038 .027 .011 .001 .000 .010 .000 .010	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 0 1,130 191	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 4,389 313 121	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .26.13 43.68 29.04	2003 THRU DE CONTROL D	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 4,389 313 121 1,658	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .00 .00 .26.13 43.68 29.04 11.62	MOI UNITS/DAYS PER ELIG .234 .038 .027 .011 .011 .001 .000 .010 .000 .010 .000 .010 .000 .010	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 0 1,130 191 104 382 276	ES AND EXPENDITURES /DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 .114,689.81 13,672.47 3,514.09 19,269.88 19,369.99	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50	MO: UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.50 71.50 33.79 50.44 70.18	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382 276 885	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50 37.15	MOX UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382 276 885 407	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50 37.15 20.78	MOX UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86 1.86 .76
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 0 1,130 191 104 382 276 885 407 0	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$53 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825 0 \$	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63 .00	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50 37.15	MOX UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382 276 885 407	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$ 853 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50 37.15 20.78	MOX UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86 1.86 .76
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 0 1,130 191 104 382 276 885 407 0	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 \$53 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825 0 \$	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63 .00	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .26.13 43.68 .29.04 11.62 55.50 37.15 .20.78 \$.00	MOX UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86 .86
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382 276 885 407 0 0 0	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 853 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825 0 0 0	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .26.13 43.68 29.04 11.62 555.50 37.15 20.78 \$.00 .00	2003 THRU DE COMPANY D	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11 \$.00 .00 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86 1.86 .76 \$.00 .00
MOP024 CONTRA COSTA COUNT 22,412 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,244 149 111 39 39 2 0 37 39 0 1,130 191 104 382 276 885 407 0 0	ES AND EXPENDITURES / DENTAL ICES FOR ALL MEDIC UNITS OF SERVICE OR DAYS OF CARE 5,242 853 614 239 239 25 0 214 0 0 0 4,389 313 121 1,658 349 1,123 825 0 0 0 \$	S MON	TH-OF-PAYMENT RE INDIGENT EXPENDITURES 1,596,382.84 1,481,693.03 1,014,775.45 466,917.58 130,986.14 4,525.57 .00 126,460.57 335,931.44 .00 .00 114,689.81 13,672.47 3,514.09 19,269.88 19,369.99 41,722.75 17,140.63 .00 .00	AVERAGE COST PER UNIT/DAY \$ 304.54 1737.04 1652.73 1953.63 548.06 181.02 .00 590.94 .00 .00 .00 .00 .26.13 43.68 29.04 11.62 55.50 37.15 20.78 \$.00 .00 .00	2003 THRU DE COMPANY D	NTHLY AVERA COST PER USER \$ 1283.27 9944.25 9142.12 11972.25 3358.62 2262.79 .00 3417.85 8613.63 .00 .00 101.50 71.58 33.79 50.44 70.18 47.14 42.11 \$.00 .00 .00	PAGE 2,155 01/29/04 GE COST PER ELIGIBLE \$ 71.23 66.11 45.28 20.83 5.84 .20 .00 5.64 14.99 .00 .00 5.12 .61 .16 .86 .86 1.86 .76 \$.00 .00

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

2

25 0 4,525.57

181.02

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2262.79

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	2	73		27,085.42		371.03	.003		13542.71		1.21
LEV B-SUBACUTE HSPTL BASED	9	258		106,208.28		411.66	.012		11800.92		4.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	21	979		119,271.67		121.83	.044		5679.60		5.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	17	239	\$	3,651.16	\$	15.28	.011	\$		\$.16
HOSPITAL BASED	6	12		566.76		47.23	.001		94.46		.03
INDEPENDENT FACILITY	11	227		3,084.40		13.59	.010		280.40		.14
@LABORATORY FACILITY	393	1,075	\$	16,182.67	\$	15.05	.048	\$	41.18	\$.72
PATHOLOGY	393	1,075		16,182.67		15.05	.048		41.18		.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,430	7,627	\$	1,531,863.11			.340	\$		\$	68.35
CLINIC	410	2,232		66,506.77		29.80	.100		162.21		2.97
SURGICENTER	1	8		284.68		35.59	.000		284.68		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,050	5,387		1,465,071.66		271.96	.240		361.75		65.37
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	EPORT	r for jan 2	2003 THRU	DEC	2003	P	AGE 2,156
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR ALL ME	DICAI	LLY INDIGENT							
									HLY AVERA		
22,412 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARI				R UNIT/DAY	_		USER		ELIGIBLE
	716	39,739	\$	123,337.87	\$		1.773	\$		\$	5.50
~ ~ ~ ~	43	195		31,407.90		161.07	.009		730.42		1.40
BLOOD BANK	3	1,056		3,168.00		3.00	.047		1056.00		.14
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION		2,069				20.07	.092		266.15		1.85
AMBULANCES/AIR TRANS	152	2,025		25,083.57		12.39 6.57	.090		165.02		1.12
OTHER TRANS	5	34		223.23					44.65		.01
OTHER SERVICES	10	10		16,211.86		1621.19	.000		1621.19		.72
A CHDINCTHE	0	<u> </u>		0.0		0.0	000		0.0		0.0

22,412 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	716	39,739	\$	123,337.87	\$ 3.10	1.773	\$ 172.26	\$ 5.50
DURABLE MED. EQUIP.	43	195		31,407.90	161.07	.009	730.42	1.40
BLOOD BANK	3	1,056		3,168.00	3.00	.047	1056.00	.14
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	156	2,069		41,518.66	20.07	.092	266.15	1.85
AMBULANCES/AIR TRANS	152	2,025		25,083.57	12.39	.090	165.02	1.12
OTHER TRANS	5	34		223.23	6.57	.002	44.65	.01
OTHER SERVICES	10	10		16,211.86	1621.19	.000	1621.19	.72
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	104	104		10,641.00	102.32	.005	102.32	.47
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	165	341		2,947.38	8.64	.015	17.86	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6		154.38	25.73	.000	77.19	.01
PROSTHETIST/ORTHOTISTS	18	83		7,706.08	92.84	.004	428.12	.34
PROSTHETICS	17	82		7,662.00	93.44	.004	450.71	.34
ORTHOTICS	1	1		44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32		1,823.35	56.98	.001	455.84	.08
SPEECH AND AUDIOLOGY	5	50		2,180.94	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,382		15,301.88	11.07	.062	81.83	.68
EPSDT SUPPLEMENTAL SERVICE	0	. 0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	34,421		6,488.30	.19	1.536	154.48	.29
@CALIF. CHILDREN SERVICES*	290	2,981	\$	711,555.07		.133		
@XOVER EXCLUDING STATE HOSP**	0	, = 0	\$.00	\$.00	.000		•
* TOTAL IN THECE LINES ADD OF	יובאז אכ א כבראו	DATE THEODMATTON	T TTT M		•			•

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SUMMARY OF SERVICES FOR RENAL DIALYSIS

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CONTRA COSTA COUNT

VISITS - DIAGNOSTIC

RESTORATIVE DENTISTRY

DENTURES, STAYPLATES

MAXILLOFACIAL SERVICES

FRACTURES, DISLOCATIONS

SPACE MAINTAINERS

ORAL SURGERY

PERIODONTICS

ENDODONTICS

PROSTHETICS

ANESTHESIA

DRUGS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,157 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AID CODES 71

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44 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 158 20,782.89 \$ 131.54 3.591 \$ 831.32 \$ 472.34 5 41 172.10 4.20 .932 \$ 34.42 \$ 3.91 @PHYSICIANS SERVICES Ω .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 EXAMINATIONS . 00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 . 00 .000 . 00 . 00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 . 00 .000 . 00 . 00 .000 RADIOLOGY .00 .00 .00 .00 **PSYCHIATRY** Ω .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 41 172.10 4.20 . 932 34.42 3.91 219.30 @PHARMACY 94 9,649.33 \$ 102.65 2.136 \$ 402.06 \$ PRESCRIPTION DRUGS 24 94 9,649.33 102.65 2.136 402.06 219.30 SNF/ICF 0 0 .00 .00 .000 .00 .00 OUTPATIENTS 9,649.33 102.65 2.136 402.06 219.30 .00 .000 MEDICAL SUPPLIES .00 .00 . 00 @DENTIST .00 .00 .000 \$.00 \$.00

.00 ORTHODONTIC SERVICES .00 .000 .00 .00 0 0 .00 .00 .00 .00 ALL OTHER SERVICES .000 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,158 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

AID CODES 71

SUMMARY OF SERVICES FOR RENAL DIALYSIS

CONTRA COSTA COUNT	SUMMARY OF SERVICES F	'OR RENAL DIALYSIS		AID CODES	71		
					MONTH		
44 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0						
@CHIROPRACTOR	0	- T	.00	•	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
	0	0 \$ 0 \$.00	•	· · · · · · · · · · · · · · · · · · ·	.00 \$	
@TOTAL HOSPITAL	0	0 Ş			.000 \$		
HOSP INPATIENT TOTAL	0		.00	.00	.000	.00	.00
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ŏ	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
ALL OTHER INPATIENT	•	0		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	U	.00	.00	.000	.00	.00
MEDICAL	Ü	U	.00	.00	.000	.00	.00
SURGERY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	H-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,159
MOP024	FEE-FOR-SERVICE/DENTA						01/29/04
CONTRA COCTA COLINT	CIMMARY OF CERVICES E		ı	AID CODEC	71		= - ,

					MO	NTHLY AVERA	GE	
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00

SURGERY	0	()	.00		.00	.000		.00		.00
PATHOLOGY	0	Č)	.00		.00	.000		.00		.00
RADIOLOGY	0	Č)	.00		.00	.000		.00		.00
ROOM USE	0	())	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(.00		.00	.000		.00		.00
	0							4		4	
@STATE HOSPITAL	0	(.00		.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	(.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	(.00		.00	.000		.00		.00
@NURSING FACILITY	0	() \$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	()	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	()	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ć)	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0)	.00		.00	.000		.00		.00
	0)	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0)								
LEV B-REGULAR	U	(.00		.00	.000		.00	_	.00
@INTERMEDIATE CARE FACILDD	0	(.00		.00	.000	\$.00	\$.00
ICF DDH	0	(.00		.00	.000		.00		.00
ICF DD	0	()	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	()	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	21	\$	10,673.32	\$	508.25	.477	Ġ	592.96	\$	242.58
HOSPITAL BASED	0			.00		.00	.000	Ψ.	.00	~	.00
HEMODIALYSIS CENTER	18	21		10,673.32		508.25	.477		592.96		242.58
	0			·				\$.00	\$	
@REHABILITATION FACILITY	0			.00		.00		Ą		Ą	.00
HOSPITAL BASED	U	(.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	(.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	(.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	()	.00		.00	.000		.00		.00
XO AND OTHERS	0	()	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	2 \$	288.14	\$	144.07	.045	\$	144.07	Ś	6.55
CLINIC	0	(.00		.00	.000	т.	.00	т	.00
CHINIC											
CIIDCICENTED	Ō	•	•								
SURGICENTER	0	(•	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	())	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 2	()) 2	.00 .00 288.14		.00 .00 144.07	.000 .000 .045		.00 .00 144.07		.00 .00 6.55
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDI)) 2	.00		.00 .00 144.07	.000 .000 .045	DEC	.00 .00 144.07	P	.00 .00 6.55 AGE 2,160
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDI E/DENTAL	TURES	.00 .00 288.14 MONTH-OF-PAYMENT		.00 .00 144.07 T FOR JAN	.000 .000 .045 2003 THRU	DEC	.00 .00 144.07	P	.00 .00 6.55
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDI E/DENTAL	TURES	.00 .00 288.14 MONTH-OF-PAYMENT		.00 .00 144.07	.000 .000 .045 2003 THRU	DEC	.00 .00 144.07	Pi	.00 .00 6.55 AGE 2,160
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDI E/DENTAL	TURES	.00 .00 288.14 MONTH-OF-PAYMENT		.00 .00 144.07 T FOR JAN	.000 .000 .045 2003 THRU		.00 .00 144.07		.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	CES AND EXPENDI E/DENTAL VICES FOR RENA)) 2 ITURES AL DIAI	.00 .00 288.14 MONTH-OF-PAYMENT	REPOR	.00 .00 144.07 T FOR JAN	.000 .000 .045 2003 THRU 71	IONT:	.00 .00 144.07 2003 HLY AVERA	.GE	.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDI E/DENTAL VICES FOR RENA UNITS OF SERV))) ETURES AL DIAI /ICE	.00 .00 288.14 MONTH-OF-PAYMENT	REPOR AV	.00 .00 144.07 T FOR JAN AID CODES	.000 .000 .045 2003 THRU 71 M UNITS/DAY	IONT:	.00 .00 144.07 2003 HLY AVERA	GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDI E/DENTAL VICES FOR RENA UNITS OF SERV OR DAYS OF ())) TTURES AL DIAI /ICE CARE	.00 .00 288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES	REPOR AV PE	.00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER	.GE (.00 .00 6.55 AGE 2,160 01/29/04 COST PER ELIGIBLE
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	CES AND EXPENDIE/DENTAL VICES FOR RENA UNITS OF SERVOR DAYS OF C	TURES AL DIAI VICE CARE) \$.00 .00 288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES	REPOR AV PE \$.00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00	GE (.00 .00 6.55 AGE 2,160 01/29/04 COST PER ELIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDI E/DENTAL VICES FOR RENA UNITS OF SERV OR DAYS OF (TURES AL DIAI VICE CARE) \$.00 .00 288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES .00	REPOR AV PE \$.00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04 COST PER ELIGIBLE .00 .00
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HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDIE/DENTAL VICES FOR RENA UNITS OF SERVOR DAYS OF C	TURES AL DIAI CARE CARE S S S S S S S S S S S S S S S S S S S	.00 .00 288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES .00 .00	REPOR AV PE \$.00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04 COST PER ELIGIBLE .00 .00
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HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CES AND EXPENDIE/DENTAL VICES FOR RENA UNITS OF SERVOR DAYS OF C	TURES AL DIAI VICE CARE)))))))))))))	.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CES AND EXPENDING CONTROL CONT	TURES AL DIAI VICE CARE))))))))))))))	.00 .00 .288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDIE/DENTAL VICES FOR RENA OR DAYS OF C	TURES AL DIAI VICE CARE)))))))))))))))))))	.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CES AND EXPENDIE/DENTAL VICES FOR RENA UNITS OF SERVOR DAYS OF C	TURES AL DIAI VICE CARE)))))))))))))))))))	.00 .00 .288.14 MONTH-OF-PAYMENT YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDIE/DENTAL VICES FOR RENA OR DAYS OF C	TURES AL DIAI TICE CARE S S S S S S S S S S S S S S S S S S S	.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDING CONTROL CONT	TURES AL DIAI TICE CARE S S S S S S S S S S S S S S S S S S S	.00 .00 .288.14 MONTH-OF-PAYMENT XYSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDING CONTROL CONT	TURES AL DIAI VICE CARE) () () () () () () () () () () () () (.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CES AND EXPENDING CONTROL CONT	CONTROL OF THE CONTRO	.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE (.00 .00 6.55 AGE 2,160 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT 44 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDING CONTROL CONT	TURES AL DIAI VICE CARE) \$))))))))))))))))))	.00 .00 .288.14 MONTH-OF-PAYMENT .YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR AV PE \$.00 .00 .00 144.07 T FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .045 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	.00 .00 .00 144.07 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE (.00 .00 6.55 AGE 2,160 01/29/04

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	62	\$	10,845.42	\$ 174.93	1.409	\$ 570.81	\$ 246.49
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 2,161 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR	TOTAL	PAREI	NIERAL NUTRITION	AID CODES	73		
								NTHLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS				PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		Ô		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	Ô		0		.00	.00	.000	.00	.00
RADIOLOGY	Ô		0		.00	.00	.000	.00	.00
PSYCHIATRY	Ô		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	Ô		0		.00	.00	.000	.00	.00
@PHARMACY	Ô		0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0		0	Υ	.00	.00	.000	.00	.00
SNF/ICF	Ô		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Ô		0		.00	.00	.000	.00	.00
@DENTIST	Ô		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0	Y	.00	.00	.000	.00	.00
ORAL SURGERY	0		Ô		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		n		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
TIAD ODOLATICO	O		U		.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			TURES M	IONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	EC 2003	PAGE	
MOP024	FEE-FOR-SERVICE							()1/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR TOTA	L PAREN	TERAL NUTRITION	AID CODES				
						_	ITHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST		COST PER		ST PER
	_	OR DAYS OF C	ARE .		PER UNIT/DAY		USER		GIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	U	4	.00	.00	.000	.00	Ä	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00 .00
RADIO./PATHOLOGY OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00		000	.00	Ś	.00

	0	0	Ψ		Ψ.		.000		
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	S	.00	S	.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	·	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	بع	.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000 \$.00 \$.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0							.00
	0	U		.00		.00	.000	.00	.00
ANCILLARIES	0	U				.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	U	U		.00		.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
	0	0						
PATHOLOGY	U	U	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUTCEC	AND EXPENDITURES MONT					DACE	2,163
			II-OF-PAIMENT RE.	FORT FOR UAN 20	O TIINO DEC	. 2003		
MOP024	FEE-FOR-SERVICE/DE						01	/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	S FOR TOTAL PARENTER	AL NUTRITION	AID CODES 7	'3			
				_	MONT	HLY AVERA	GE	
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST U	INTTS/DAYS	COST PER	COST	PER
00 111012112		R DAYS OF CARE			PER ELIG	USER	ELIG	
OCOMMUNITARY HOCDITARY MORAL			0.0	- '	_			
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
	0	0						
ADMINISTRATIVE DAYS	Ü	U	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
	0	0						
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	Ô	0	.00	.00	.000	.00		.00
	0	0						
RADIOLOGY	U	U	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	т	.00
	0	· ·						
DEVELOP. DISABLED	U	0	.00	.00	.000	.00	4.	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
	0	0						
LEV B-TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	Ô	0	.00	.00	.000	.00		.00
-	0	0						
ICF DDN/DDCN	U	· ·	.00	.00	.000	.00	4.	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
	O	O P					Ÿ	
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	n	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	_				.00	Ċ	
	U	0 \$.00	\$.00	.000 \$		\$.00
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
	· ·	<u> </u>					DAGE	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SEKAICES	AND EXPENDITURES MONT	H-OF-PAIMENT RE	PORI FOR JAN 20	OS THKO DEC	. 4003	PAGE	2,164

CONTRA COSTA COUNT	SUMMARY OF SERVI	LCES FOR	TOTAL P	AREN.	LEKAL NOLKILLON	AID CODES	73			
							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,165 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 2,166
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56 5	7		
				_	MONT	HLY AVERAGI	Ε

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 EYE APPLIANCES 0 .00 .00 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 .00 \$.00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 \$.00 \$ NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER \$ \$.00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .00 .000 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2,167
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	OR IRCA ALIENS	AID CODES	51 52 56	57		

CONTRA COSTA COUNT	SUMMARI OF SERVICES FO	JR IRCA AL.	LEND	AID	CODE2 21 27 20	5 /		
						MON'	THLY AVERA	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0		Ö	т	.00		.00	.000	.00		.00
XO AND OTHERS	0		Ö		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00		.00	.000		Ś	.00
CLINIC	0		0	٧	.00		.00	.000	.00	٧	.00
SURGICENTER	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.00		
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0		U DENTE TETTE		.00.	D = D O F	.00	.000	.00	D. 7.	.00
			PENDLIOR	RES MO.	NTH-OF-PAYMENT	REPOR	RT FOR JAN 2	2003 THRU D	EC 2003		GE 2,168
MOP024 CONTRA COSTA COUNT		'\DENIAL	TDC3 3T	TEMO	7.10	CODI	2C E1 E2 E6	E 7			01/29/04
CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR	IRCA AL	TEMS	AID	CODE	22 21 27 20		NTHLY AVERA	CF -	
00 ELIGIBLES	HCFDC	IINITTC OF	CEDVITCE	7	EXPENDITURES	7.7	TEDACE COST				
00 EUIGIBUES	OSEKS	OR DAYS			EXPENDITORES		ER UNIT/DAY		USER		LIGIBLE
AND ORDER PROVIDERS	0	OR DAIS			.00	P P					-
@ALL OTHER PROVIDERS			0	\$.00	.000			
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0		0		.00		.00	.000			.00
BLOOD BANK	0		0		.00		.00	.000			.00
HEARING AID DISPENSERS	0		0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00		.00
OTHER TRANS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
ACUPUNCTURE	0		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	Λ		Ö		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OCCUDATIONAL TUEDADICT	0		0		.00		.00	.000	.00		.00
OPTICIAN	0		0		.00		.00	.000	.00		.00
	0		0								.00
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00
PROSTHETICS	Ü		0		.00		.00	.000	.00		.00
ORTHOTICS	0		0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0		Ö		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0		0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00		.00	.000		Ġ	.00
@XOVER EXCLUDING STATE HOSP**	0			\$.00		.00	.000			.00
@* TOTALS IN THESE LINES ARE	•	AME TATEOD				Ą	.00	.000	٥٠.00	Ą	.00
THE AMOUNTS ARE ALREADY IN					ABOVE.						
** THESE DATA ARE INCLUDED I											~- 0 160
#CALIF DEPT OF HEALTH SERV			PENDITUF	RES MO	NTH-OF-PAYMENT	KEPOF	RT FOR JAN 2	2003 THRU D	EC 2003		GE 2,169
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR	MI/MN A	ALIEN	WITHOUT SIS AID	CODE	55 58 5F				
0 441 51 55 55	***	IDITES ST	GEDIT C	,			TED 3 GE GGG		NTHLY AVERA		
8,441 ELIGIBLES	USERS	UNITS OF OR DAYS 2	SERVICE	5	EXPENDITURES						
		OR DAYS	OF CARE	5			ER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	3,980						171.84		\$ 1071.03		
ADIIVOTOTANO CEDVITORO	1 262		7 505	4	205 006 24	بع	E1 21	000	d 202 74	4	1E 60

7,505

0

404

1,305

8.0

385,096.34 \$ 51.31

35.08

52.97

.00

57.95

45,773.25

4,237.70

23,411.76

.00

.889 \$ 282.74 \$

.155

.009

.000

.048

85.24

63.25

61.77

.00

45.62

5.42

.50

.00

2.77

1,362

537

67

0

379

@PHYSICIANS SERVICES

OUTPATIENT VISITS

OFFICE VISITS

EMERGENCY ROOM

HOME VISITS

PREVENTIVE CARE	1	2	74.98	37.49	.000	74.98	.01
OB VISITS/COMPRE PERI	106	810	17,672.75	21.82	.096	166.72	2.09
OTHER OUTPATIENT	9	9	376.06	41.78	.001	41.78	.04
INPATIENT VISITS	389	1,624	110,379.55	67.97	.192	283.75	13.08
HOSPITAL VISITS	368	1,243	48,189.77	38.77	.147	130.95	5.71
CRITICAL CARE	41	381	62,189.78	163.23	.045	1516.82	7.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	132.74	44.25	.000	44.25	.02
EXAMINATIONS	3	3	132.74	44.25	.000	44.25	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	403	2,081	166,389.64	79.96	.247	412.88	19.71
PRINCIPAL SURGEON	309	417	126,602.29	303.60	.049	409.72	15.00
ASSISTANT SURGEON	48	48	7,773.15	161.94	.006	161.94	.92
ANESTHESIOLOGIST	147	1,616	32,014.20	19.81	.191	217.78	3.79
OUTPATIENT SURGERY	50	88	5,283.69	60.04	.010	105.67	.63
PRINCIPAL SURGEON	46	66	4,565.35	69.17	.008	99.25	.54

ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	5	22		718.34	32.65	.003		143.67		.09
DIALYSIS	4	4		900.16	225.04	.000		225.04		.11
PATHOLOGY	279	1,055		13,220.76	12.53	.125		47.39		1.57
RADIOLOGY	447	971		27,795.71	28.63	.115		62.18		3.29
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	4		24.19	6.05	.000		12.10		.00
OTHER SERVICES/ALL X-OVERS	274	370		15,196.65	41.07	.044		55.46		1.80
@PHARMACY	1,035	2,414	\$ 1	43,125.42	\$ 59.29	.286	\$	138.29	\$	16.96
PRESCRIPTION DRUGS	976	2,229	1	32,378.80	59.39	.264		135.63		15.68
SNF/ICF	1	2		14.82	7.41	.000		14.82		.00
OUTPATIENTS	975	2,227	1	32,363.98	59.44	.264		135.76		15.68
MEDICAL SUPPLIES	108	185		10,746.62	58.09	.022		99.51		1.27
@DENTIST	17	55	\$	619.00	\$ 11.25	.007	\$	36.41	\$.07
VISITS - DIAGNOSTIC	12	39		173.00	4.44	.005		14.42		.02
ORAL SURGERY	6	8		346.00	43.25	.001		57.67		.04
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	1	4		100.00	25.00	.000		100.00		.01
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00			.00		.00
ALL OTHER SERVICES	0	0		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	ES MONTH-OF	-PAYMENT REP	PORT FOR JA	N 2003 THRU	DEC	2003	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL	<u></u>							0	1/29/04

----- MONTHLY AVERAGE -----8,441 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 74.86 74.86 .000 74.86 NURSE ANESTHESIST 165 5,656.50 34.28 .020 115.44 \$.67 97.30 48.65 .000 97.30 .01 NURSE MIDWIFE \$.00 .000 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 806 3,964 2,708,117.26 683.18 .470 3359.95 320.83 HOSP INPATIENT TOTAL 419 2,017 2,664,948.15 1321.24 .239 6360.26 315.71 HSC HOSPITALS 358 1,625 2,030,874.70 1249.77 .193 5672.83 240.60 392 NON-HSC HOSPITAL TOTAL 63 634,073.45 1617.53 .046 10064.66 75.12 392 262,912.66 670.70 .046 4173.22 31.15 ACCOMMODATIONS ADMINISTRATIVE DAYS 2 31 6,707.70 216.38 .004 3353.85 .79 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 256,204.96 .043 ALL OTHER ACCOM 61 361 709.71 4200.08 30.35 ANCILLARIES 0 371,160.79 .00 .000 5891.44 43.97

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

CONTRA COSTA COUNT

INPATIENT CROSSOVERS	0	0		.00)	.00	.000	.00		. (00
ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		. (00
HOSP OUTPATIENT TOTAL	431	1,947		43,169.11		22.17	.231	100.16		5.1	11
MEDICAL	61	81		3,705.72	2	45.75	.010	60.75		. 4	44
SURGERY	29	40		1,049.22	2	26.23	.005	36.18			12
PATHOLOGY	194	908		7,889.15		8.69	.108	40.67		. :	93
RADIOLOGY	142	193		11,972.97	,	62.04	.023	84.32		1.4	
ROOM USE	280	373		13,224.50)	35.45	.044	47.23		1.5	57
CROSSOVERS/ALL OTH OUTPTNT	168	352		5,327.55	·)	15.14	.042	31.71		. 6	63
@COUNTY HOSPITAL TOTAL	229	1,005	\$	1,042,172.93	\$	1036.99	.119	\$ 4550.97	\$	123.4	47
CO HOSPITAL INPATIENT TOTAL	219	926		1,040,003.64		1123.11	.110	4748.88		123.2	21
HSC HOSPITALS	219	926		1,040,003.64	Į.	1123.11	.110	4748.88		123.2	21
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		. (00
ACCOMMODATIONS	0	0		.00)	.00	.000	.00		. (00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		. (00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		. (00
ALL OTHER ACCOM	0	0		.00)	.00	.000	.00		. (00
ANCILLARIES	0	0		.00)	.00	.000	.00		. (00
INPATIENT CROSSOVERS	0	0		.00)	.00	.000	.00		. (00
ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		. (00
CO HOSP OUTPATIENT TOTAL	10	79		2,169.29)	27.46	.009	216.93		. 7	26
MEDICAL	3	6		515.69		85.95	.001	171.90		. (06
SURGERY	1	2		29.10		14.55	.000	29.10			00
PATHOLOGY	6	30		353.78	3	11.79	.004	58.96		. (04
RADIOLOGY	3	5		220.82	2	44.16	.001	73.61		. (03
ROOM USE	7	12		444.94	ŀ	37.08	.001	63.56		. (05
CROSSOVERS/ALL OTH OUTPTNT	5	24		604.96)	25.21	.003	120.99		. (07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES M	IONTH-OF-PAYMENT	REPORT	r for jan	2003 THRU	DEC 2003	P		,171
MOP024	FEE-FOR-SERVICE/DENTAL									01/29	9/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	A MM/IM S	LIEN	WITHOUT SIS AID	CODE	55 58 5F					
							N	ONTHIV AVER	AGE		

CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR MI/MIN ALIEN	MILHOUL SIS ALD	CODE 33 30 3F			
					_	NTHLY AVERA	-
8,441 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	584	2,959 \$	1,665,944.33	\$ 563.01	.351		\$ 197.36
COMM HOSP INPATIENT TOTAL	206	1,091	1,624,944.51	1489.41	.129	7888.08	192.51
HSC HOSPITALS	144	699	990,871.06	1417.56	.083	6881.05	117.39
NON-HSC HOSPITALS TOTAL	63	392	634,073.45	1617.53	.046	10064.66	75.12
ACCOMMODATIONS	63	392	262,912.66	670.70	.046	4173.22	31.15
ADMINISTRATIVE DAYS	2	31	6,707.70	216.38	.004	3353.85	.79
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	361	256,204.96	709.71	.043	4200.08	30.35
ANCILLARIES	63	0	371,160.79	.00	.000	5891.44	43.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	421	1,868	40,999.82	21.95	.221	97.39	4.86
MEDICAL	58	75	3,190.03	42.53	.009	55.00	.38
SURGERY	28	38	1,020.12	26.85	.005	36.43	.12
PATHOLOGY	188	878	7,535.37	8.58	.104	40.08	.89
RADIOLOGY	139	188	11,752.15	62.51	.022	84.55	1.39
ROOM USE	273	361	12,779.56	35.40	.043	46.81	1.51
CROSSOVERS/ALL OTH OUTPINT	163	328	4,722.59	14.40	.039	28.97	.56
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0 \$	945.00	\$.00	.000	\$ 945.00	\$.11
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	1	0		945.00		.00	.000		945.00		.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	70	\$	1,710.44	\$	24.43	.008	\$	427.61	\$.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	70		1,710.44		24.43	.008		427.61		.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	437	1,385	\$	21,796.03	\$	15.74	.164	\$	49.88	\$	2.58
PATHOLOGY	435	1,382		21,617.53		15.64	.164		49.70		2.56
XO AND OTHERS	3	3		178.50		59.50	.000		59.50		.02
@ORGANIZED OUTPATIENT CLINIC	2,011	6,032	\$	951,383.58	\$	157.72	.715	\$	473.09	\$	112.71
CLINIC	484	3,007		77,892.74		25.90	.356		160.94		9.23
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,556	3,025		873,490.84		288.76	.358		561.37		103.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPOR:	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,172
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

8,441 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER .381 \$ 149.88 \$ @ALL OTHER PROVIDERS 294 3,213 \$ 44,065.78 \$ 13.71 5.22 .001 781.44 71.04 195.36 DURABLE MED. EOUIP. 4 11 .09 .00 BLOOD BANK 0 .00 .00 .000 0 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 82 961 13,965.52 14.53 .114 170.31 1.65 AMBULANCES/AIR TRANS 959 10,365.52 10.81 .114 126.41 1.23 OTHER TRANS Ω 0 .00 3,600.00 .00 .00 .000 .00 .00 1800.00 1800.00 OTHER SERVICES .000 .00 ACUPUNCTURE .00 .000 .00 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 .00 194 GENETIC DISEASE TESTING 20,206.00 104.15 .023 104.69 2.39 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 OPTICIAN .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 12 13 1,039.66 79.97 .002 86.64 .12 PROSTHETICS 276.29 69.07 .000 69.07 .03 ORTHOTICS 9 763.37 84.82 .001 95.42 .09 .00 0 .00 .000 PSYCHOLOGIST .00 .00 0 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .004 5,568.52 163.78 5568.52 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 0 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS 2,000 2,504.64 1.25 .237 313.08 .30 .360 \$ 10738.15 \$ @CALIF. CHILDREN SERVICES* 3,039 687,241.29 226.14 81,42 .15 @XOVER EXCLUDING STATE HOSP** 3 31 1,232.35 39.75 .004 \$ 410.78 \$

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT

179 ELIGIBLES

00111111 000111 000111		020 1011 1021 00220	1122	-	MONT	HLY AVERAG	GE
179 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST U			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	169	614 \$	60,140.14		3.430 \$	355.86	\$ 335.98
@PHYSICIANS SERVICES	7 6	12 \$	506.80	\$ 42.23	.067 \$	72.40	\$ 2.83
OUTPATIENT VISITS	6	8	439.35	54.92	.045	73.23	2.45
OFFICE VISITS	3	4	237.20	59.30	.022	79.07	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	202.15	50.54	.022	67.38	1.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00				
HOSPITAL VISITS	0	0		.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	U	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	67.45	16.86	.022	33.73	.38
@PHARMACY	20	39 \$	1,334.14	\$ 34.21	.218 \$	66.71	
PRESCRIPTION DRUGS	20	39	1,334.14	34.21	.218	66.71	7.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	20	39	1,334.14	34.21	.218	66.71	7.45
	0	0		.00	.000	.00	.00
MEDICAL SUPPLIES	62	355 \$.00 22,829.00	\$ 64.31	1.983 \$	368.21	
@DENTIST	38	132		22.80		79.21	16.82
VISITS - DIAGNOSTIC	38 9	25	3,010.00		.737		7.93
ORAL SURGERY	9		1,420.00	56.80	.140	157.78	
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	U	0	.00	.00 172.67 258.81 78.66 .00 58.65	.000	.00	.00
PERIODONTICS	3	3	518.00	172.67	.017	172.67	2.89
ENDODONTICS	8	16	4,141.00	258.81	.089	517.63	23.13
RESTORATIVE DENTISTRY	30	162	12,743.00	78.66	.905	424.77	71.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	17			.095	498.50	5.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 20		2003	PAGE 2,174
MOP024	FEE-FOR-SERVICE/						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR REFUGEES	AID	CODES 01 02 08 0	A		
					MONT	HLY AVERAG	GE
100						~~~-	~~~-

OR DAYS OF CARE

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

PER UNIT/DAY PER ELIG USER

COST PER

ELIGIBLE

@OPTOMETRIST	7	16	\$ 448.39	\$ 28.02	.089	\$ 64.06	\$ 2.50
DIAGNOSTIC AND ANC. PROCED	7	7	320.29	45.76	.039	45.76	1.79
EYE APPLIANCES	3	9	128.10	14.23	.050	42.70	.72
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	5	40	\$	4,882.97	\$	122.07	.223	\$	976.59	\$	27.28
HOSP INPATIENT TOTAL	1	4		4,400.00		1100.00	.022		4400.00		24.58
HSC HOSPITALS	1	4		4,400.00		1100.00	.022		4400.00		24.58
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	36		482.97		13.42	.201		96.59		2.70
MEDICAL	1	1		10.19		10.19	.006		10.19		.06
SURGERY	1	1		13.26		13.26	.006		13.26		.07
PATHOLOGY	2	22		140.44		6.38	.123		70.22		.78
RADIOLOGY	1	1		36.62		36.62	.006		36.62		.20
ROOM USE	5	7		233.57		33.37	.039		46.71		1.30
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.89		12.22	.022		48.89		.27
@COUNTY HOSPITAL TOTAL	2	16	\$	4,620.24	\$	288.77	.089	\$	2310.12	\$	25.81
CO HOSPITAL INPATIENT TOTAL	1	4	•	4,400.00		1100.00	.022	·	4400.00		24.58
HSC HOSPITALS	1	4		4,400.00		1100.00	.022		4400.00		24.58
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	12		220.24		18.35	.067		110.12		1.23
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		13.26		13.26	.006		13.26		.07
PATHOLOGY	1	7		60.98		8.71	.039		60.98		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		146.00		36.50	.022		73.00		.82
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MC		EDOR			DEC	2003	DΖ	AGE 2,175
MOP024	FEE-FOR-SERVICE		10 110	71111 OI 171111LIVI 101	LI OIC	1 1010 07110	2005 11110	טםכ	2005		01/29/04
CONTRA COSTA COUNT		ICES FOR REFUGEES	3	AID (CODE	S 01 02 08	ΩΑ				01/20/04
001.1111 000111 000111	SSIMME OF BUILT		•	TIED (2 31 02 00		ОИТ	HLY AVERA	GE -	
179 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER
117 1111011110	OBLIND	OD DAVE OF CARE		LAI LINDII ORED		D INITE (DAY			COST FER		T TOTPLE

					1.1011	11111 111111111111111111111111111111111	011
179 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	24 \$	262.73	\$ 10.95	.134 \$	87.58	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	24	262.73	10.95	.134	87.58	1.47
MEDICAL	1	1	10.19	10.19	.006	10.19	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	15	79.46	5.30	.084	79.46	.44
RADIOLOGY	1	1	36.62	36.62	.006	36.62	.20
ROOM USE	3	3	87.57	29.19	.017	29.19	.49

CROSSOVERS/ALL OTH OUTPINT	1	4		48.89		12.22	.022	48.89		.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000	.00	-	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	8	\$	89.94	\$	11.24	.045	\$ 29.98	\$.50
PATHOLOGY	3	8		89.94		11.24	.045	29.98		.50
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	86	116	\$	29,697.75	\$	256.02	.648	\$ 345.32	\$	165.91
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	86	116		29,697.75		256.02	.648	345.32		165.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	RES N	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU I	DEC 2003	P.	AGE 2,176
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	OR REFUGE	ES	AID	CODE	S 01 02 08	0A			
								ONTHLY AVERA	_	
179 ELIGIBLES		OF SERVIC		EXPENDITURES			UNITS/DAYS			COST PER
		AYS OF CAR	E			R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	28	\$	351.15	•	12.54	.156	•	\$	1.96
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00

					MOI	NITLI AVERAG	E
179 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	28 \$	351.15	\$ 12.54	.156	29.26	\$ 1.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	144.92	28.98	.028	144.92	.81
AMBULANCES/AIR TRANS	1	5	144.92	28.98	.028	144.92	.81
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	206.23	8.97	.128	18.75	1.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR BCCTP-FEDERAL						
					MON			
469 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	506	5,323 \$	665,211.97	\$ 124.97	11.350 \$		\$ 1418.36	
@PHYSICIANS SERVICES	175	1,186 \$	69,653.95	\$ 58.73	2.529 \$	398.02	\$ 148.52	
OUTPATIENT VISITS	83	130	6,456.52	49.67	.277	77.79	13.77	
OFFICE VISITS	37	43	1,521.39	35.38	.092	41.12	3.24	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	43	64	4,355.27	68.05	.136	101.29	9.29	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	16	23	579.86	25.21	.049	36.24	1.24	
INPATIENT VISITS	36	157	7,195.26	45.83	.335	199.87	15.34	
HOSPITAL VISITS	36	156	7,073.66	45.34	.333	196.49	15.08	
CRITICAL CARE	1	1	121.60	121.60	.002	121.60	.26	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	3	109.79	36.60	.006	54.90	.23	
EXAMINATIONS	2	3	109.79	36.60	.006	54.90	.23	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	43	222	16,101.97	72.53	.473	374.46	34.33	
PRINCIPAL SURGEON	31	37	11,772.90	318.19	.079	379.77	25.10	
ASSISTANT SURGEON	4	4	667.32	166.83	.009	166.83	1.42	
ANESTHESIOLOGIST	20	181	3,661.75	20.23	.386	183.09	7.81	
OUTPATIENT SURGERY	11	62	2,189.21	35.31	.132	199.02	4.67	
PRINCIPAL SURGEON	9	14	1,189.18	84.94	.030	132.13	2.54	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	48	1,000.03	20.83	.102	250.01	2.13	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	40	152	4,022.24	26.46	.324	100.56	8.58	
RADIOLOGY	70	379	30,217.14	79.73	.808	431.67	64.43	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	3	17.25	5.75	.006	17.25	.04	
	59	78		42.88	.166			
OTHER SERVICES/ALL X-OVERS	253		3,344.57			56.69	7.13	
@PHARMACY	253 249	1,635 \$ 820	59,180.67	\$ 36.20 70.06	3.486 \$ 1.748	233.92 230.72	\$ 126.18 122.49	
PRESCRIPTION DRUGS	249	820 0	57,449.55 .00	.00	.000	.00	.00	
SNF/ICF	249	~						
OUTPATIENTS	249	820	57,449.55	70.06 2.12	1.748 1.738	230.72 75.27	122.49 3.69	
MEDICAL SUPPLIES		815	1,731.12					
@DENTIST	16	88 \$	3,991.00	\$ 45.35	.188 \$		•	
VISITS - DIAGNOSTIC	12	52	579.00	11.13	.111	48.25	1.23	
ORAL SURGERY	3	21	1,170.00	55.71	.045	390.00	2.49	
DRUGS	· ·	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.21	
PERIODONTICS	1	1	200.00	200.00	.002	200.00	.43	
ENDODONTICS	0	0	215.00	.00	.000	.00	.46	
RESTORATIVE DENTISTRY	4	8	727.00	90.88	.017	181.75	1.55	
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06	
DENTURES, STAYPLATES	1	4	970.00	242.50	.009	970.00	2.07	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 0 0

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES OM ON OP

CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	BCCTP-	FEDERAL	A.	ID C	ODES OM ON	0P				
							M	ΓΝΟ	CHLY AVERA	GE	
469 ELIGIBLES	USERS UNITS OF	SERVIC	E.	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS	OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	15	\$	334.63	\$	22.31	.032	\$	47.80	\$.71
DIAGNOSTIC AND ANC. PROCED	3	3	•	142.35	•	47.45	.006	•	47.45	•	.30
EYE APPLIANCES	4	11		180.87		16.44	.023		45.22		.39
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.002		11.41		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.002	Ġ	.00	Ġ	.00
VISITS	0	0	Ÿ	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	\$		4			4		4	
@PODIATRIST	0	0	Ş	.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	-		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	27	\$	2,192.10	\$	81.19	.058		548.03		4.67
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$ \$ \$ \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0 144	1,469	\$	334,456.48	\$	227.68	3.132	\$	2322.61	\$	713.13
HOSP INPATIENT TOTAL	48	222		274,706.55		1237.42	.473		5723.05		585.73
HSC HOSPITALS	45	201		237,514.00		1181.66	.429		5278.09		506.43
NON-HSC HOSPITAL TOTAL	3	21		37,192.55		1771.07	.045		12397.52		79.30
ACCOMMODATIONS	3	21		9,233.00		439.67	.045		3077.67		19.69
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	3 3 0 0 3 3 3 0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	21		9,233.00		439.67	.045		3077.67		19.69
ANCILLARIES	3			27,959.55		.00	.000		9319.85		59.62
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ö		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	109	1,247		59,749.93		47.91	2.659		548.16		127.40
MEDICAL	13	25		645.41		25.82	.053		49.65		1.38
SURGERY	11	20		438.87		21.94	.043		39.90		.94
PATHOLOGY	46	244		2,615.73		10.72	.520		56.86		5.58
RADIOLOGY	53	495		30,928.53		62.48	1.055		583.56		65.95
ROOM USE	58	103		4,002.44		38.86	.220		69.01		8.53
CROSSOVERS/ALL OTH OUTPTNT	35	360		21,118.95		58.66	.768		603.40		45.03
@COUNTY HOSPITAL TOTAL	43	455	\$	192,096.87	۲.	422.19		۲.	4467.37	۲,	409.59
	36	151	Ą	172,680.00	Ą	1143.58	.322	Ą	4796.67	Ą	368.19
CO HOSPITAL INPATIENT TOTAL	36	151		,							368.19
HSC HOSPITALS	0	121		172,680.00		1143.58	.322		4796.67		
NON-HSC HOSPITALS TOTAL	g .	•		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	304		19,416.87		63.87	.648		2427.11		41.40
MEDICAL	2	6		164.03		27.34	.013		82.02		.35
SURGERY	4	11		150.42		13.67	.023		37.61		.32
PATHOLOGY	6	33		365.85		11.09	.070		60.98		.78

RADIOLOGY	0	0		00 .00	.000	.00	.00
ROOM USE	5	15	609.		.032	121.98	1.30
CROSSOVERS/ALL OTH OUTPTNT		239	18,126.		.510	4531.67	38.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-PAYMEN	T REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,179
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR BCCTP-FE	DERAL	AID CODES 0M 0	N OP		
					MON	THLY AVERA	GE
469 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	1,014	\$ 142,359.	61 \$ 140.39	2.162 \$	1318.14	\$ 303.54
COMM HOSP INPATIENT TOTAL	13	71	102,026.	55 1436.99	.151	7848.20	217.54
HSC HOSPITALS	10	50	64,834.	00 1296.68	.107	6483.40	138.24
NON-HSC HOSPITALS TOTAL	3	21	37,192.	55 1771.07	.045	12397.52	79.30
ACCOMMODATIONS	3	21	9,233.	00 439.67	.045	3077.67	19.69
ADMINISTRATIVE DAYS	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.000	.00	.00

ALL OTHER ACCOM	3	21		9,233.00		439.67	.045		3077.67		19.69
ANCILLARIES	3	0		27,959.55		.00	.000		9319.85		59.62
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	103	943		40,333.06		42.77	2.011		391.58		86.00
MEDICAL	12	19		481.38		25.34	.041		40.12		1.03
-	8										
SURGERY		9		288.45		32.05	.019		36.06		.62
PATHOLOGY	42	211		2,249.88		10.66	.450		53.57		4.80
RADIOLOGY	53	495		30,928.53		62.48	1.055		583.56		65.95
ROOM USE	54	88		3,392.53		38.55	.188		62.82		7.23
CROSSOVERS/ALL OTH OUTPINT		121		2,992.29		24.73	.258		93.51		6.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0									
LEV B-TRANSITIONAL IP CARE	U			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	4.	.00	.000	4.	.00	4.	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	15	\$	2,741.81	\$	182.79	.032	\$	913.94	\$	5.85
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	15		2,741.81		182.79	.032		913.94		5.85
@REHABILITATION FACILITY	1	4	\$	75.36	\$	18.84	.009	Ś	75.36	Ś	.16
HOSPITAL BASED	1	4	т	75.36	Ψ	18.84	.009	Υ	75.36	Ψ.	.16
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	37	\$	950.58	\$	25.69	.079	ċ,	38.02	بخ	2.03
	25 25	37	Ą	950.58	Ą	25.69	.079	Ą	38.02	Ą	
PATHOLOGY											2.03
XO AND OTHERS	0	0		.00		.00	.000	_	.00		.00
@ORGANIZED OUTPATIENT CLINIC	290	580	\$	178,169.92	Ş	307.19	1.237	Ş	614.38	\$	379.89
CLINIC	3	6		712.18		118.70	.013		237.39		1.52
SURGICENTER	1	1		44.93		44.93	.002		44.93		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	288	573		177,412.81		309.62	1.222		616.02		378.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Ρ	AGE 2,180
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVI	CES FOR BCCTP-F	EDERAL	Al	ID CO	DES OM ON	0P				
							M	ONTI	HLY AVERA	GE	
469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s (COST PER		COST PER
	0.0	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	45	267	\$	13,465.47	\$	50.43	.569		299.23		28.71
DURABLE MED. EQUIP.	8	15	٧	2,622.65	٧	174.84	.032	Y	327.83	٧	5.59
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS	•	•		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	25	192		5,090.27		26.51	.409		203.61		10.85
AMBULANCES/AIR TRANS	25	192		5,090.27		26.51	.409		203.61		10.85
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	6	12		144.85		12.07	.026		24.14		.31
PHYSICAL THERAPIST	Ö	0		.00		.00	.000		.00		.00
-111010111 11111VII 101	· ·	9		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	7	14	1,599.90	114.28	.030	228.5	6	3.41
PROSTHETICS	7	14	1,599.90	114.28	.030	228.5	6	3.41
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	2	34	4,007.80	117.88	.072	2003.9	0	8.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	9	39	\$ 1,199.42	\$ 30.75	.083	\$ 133.2	7 \$	2.56

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,181
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR RCCTP-STATE-ONLY ALD CODES OR OT 01 07

CONTRA COSTA COUNT	SUMMARY OF SERV	JICES FOR	BCCTP-ST	TATE-ON	LY AID	CODES	OR OT OU	0V			
								MC		HLY AVERA	
151 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (COST PER	COST PER
		OR DAYS	OF CARE			PEF	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	121		518	\$	67,131.95	\$	129.60	3.430	\$	554.81	\$ 444.58
@PHYSICIANS SERVICES	27		93	\$	4,810.54	\$	51.73	.616	\$	178.17	\$ 31.86
OUTPATIENT VISITS	20		26		846.41		32.55	.172		42.32	5.61
OFFICE VISITS	12		16		530.60		33.16	.106		44.22	3.51
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	3		3		186.13		62.04	.020		62.04	1.23
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	6		7		129.68		18.53	.046		21.61	.86
INPATIENT VISITS	1		1		34.35		34.35	.007		34.35	.23
HOSPITAL VISITS	1		1		34.35		34.35	.007		34.35	.23
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1		27		331.20		12.27	.179		331.20	2.19
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	1		27		331.20		12.27	.179		331.20	2.19
OUTPATIENT SURGERY	4		17		3,031.92		178.35	.113		757.98	20.08
PRINCIPAL SURGEON	4		10		2,870.52		287.05	.066		717.63	19.01
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	1		7		161.40		23.06	.046		161.40	1.07
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	3		4		67.13		16.78	.026		22.38	.44
RADIOLOGY	8		12		334.29		27.86	.079		41.79	2.21
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	3		6		165.24		27.54	.040		55.08	1.09
@PHARMACY	61		114	\$	12,050.35	\$	105.70	.755	\$	197.55	\$ 79.80
PRESCRIPTION DRUGS	61		114		12,050.35		105.70	.755		197.55	79.80
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	61		114		12,050.35		105.70	.755		197.55	79.80
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MONT	H-OF-PAYMENT REE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,182	
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR BCCTP-STATE-ON	ILY AID CO	DDES OR OT OU	0V			
					MON	THLY AVERAG	E	
151 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
FVF ADDITANCES	n	Λ	0.0	0.0	000	0.0	0.0	

151 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$ 0 \$ 0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	25	196 \$	22,512.63	\$	114.86	1.298 \$	900.51	\$ 149.09
HOSP INPATIENT TOTAL	5	12	15,100.00		1258.33	.079	3020.00	100.00
HSC HOSPITALS	5	12	15,100.00		1258.33	.079	3020.00	100.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	184	7,412.63		40.29	1.219	352.98	49.09
MEDICAL	3 2	3	55.10		18.37	.020	18.37	.36
SURGERY		2	173.51		86.76	.013	86.76	1.15
PATHOLOGY	8	30	446.01		14.87	.199	55.75	2.95
RADIOLOGY	13	90	5,602.73		62.25	.596	430.98	37.10
ROOM USE	9	13	437.63		33.66	.086	48.63	2.90
CROSSOVERS/ALL OTH OUTPTNT	5	46	697.65		15.17	.305	139.53	4.62
@COUNTY HOSPITAL TOTAL	2	6 \$	6,720.00		1120.00		3360.00	\$ 44.50
CO HOSPITAL INPATIENT TOTAL	2 2 2 0	6	6,720.00		1120.00	.040	3360.00	44.50
HSC HOSPITALS	2	6 0	6,720.00		1120.00	.040	3360.00	44.50
NON-HSC HOSPITALS TOTAL		0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0									.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	U		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ITURES	MONTH-OF	-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 2,183
MOP024	FEE-FOR-SERVICE											01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR BCC	TP-STA	TE-ONLY	AID	CODES	0R 0T 0U	0V				
								N	TNO	HLY AVERA	GE ·	
151 ELIGIBLES	USERS	UNITS OF SER	VICE	EXP	ENDITURES	AVER	AGE COST	UNITS/DAY	'S	COST PER	(COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIC	3	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	19	0 \$		15,792.63	\$	83.12	1.258	\$	686.64	\$	104.59
COMM HOSP INPATIENT TOTAL	3		6		8,380.00	1	396.67	.040		2793.33		55.50
HSC HOSPITALS	3		6		8,380.00	1	396.67	.040		2793.33		55.50
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	18	4		7,412.63		40.29	1.219		352.98		49.09
MEDICAL	3		3		55.10		18.37	.020		18.37		.36
SURGERY	2		2		173.51		86.76	.013		86.76		1.15
PATHOLOGY	_ 8		0		446.01		14.87	.199		55.75		2.95
RADIOLOGY	13		0		5,602.73		62.25	.596		430.98		37.10
ROOM USE	9	-	3		437.63		33.66	.086		48.63		2.90
CROSSOVERS/ALL OTH OUTPTNT	5		6		697.65		15.17	.305		139.53		4.62
@STATE HOSPITAL	0		0 \$.00	\$.00	.000	Ś		Ś	.00
MENTALLY ILL	0		0		.00	Ψ.	.00	.000	~	.00	~	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	Ô		0 \$.00		.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0		0 4		.00	¥	.00	.000	Y	.00	٧	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0 \$.00		.00	.000	\$.00	Ġ	.00
ICF DDH	0		0		.00	Ą	.00	.000	Ą	.00	ų	.00
	0		0		.00			.000		.00		.00
ICF DD /DDCN	U		0				.00	.000				.00
ICF DDN/DDCN	0				.00	ė.			بع	.00	ė.	
@HEMODIALYSIS TOTAL	0		0 \$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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@ORGANIZED OUTPATIENT CLINIC	52		83	\$	24,638.46	\$	296.85	.550	\$ 473.82	\$ 163.17
CLINIC	1		6		206.74		34.46	.040	206.74	1.37
SURGICENTER	0		0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	51		77		24,431.72		317.30	.510	479.05	161.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXE	PENDITURE	ES MON'	TH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU D	EC 2003	PAGE 2,184
MOP024	FEE-FOR-SERVICE/D	DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	CES FOR	BCCTP-S7	CATE-O	NLY AID	CODES	OR OT OU	0V		
								MO	NTHLY AVERA	GE
151 ELIGIBLES	USERS U	JNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	COST PER
151 ELIGIBLES		NITS OF OR DAYS			EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
151 ELIGIBLES @ALL OTHER PROVIDERS				\$	EXPENDITURES 2,664.70			PER ELIG		
			OF CARE	\$		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS			OF CARE	\$	2,664.70	PEF	R UNIT/DAY 177.65	PER ELIG	USER \$ 2664.70	ELIGIBLE \$ 17.65
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.			OF CARE	\$	2,664.70	PEF	R UNIT/DAY 177.65 .00	PER ELIG .099 .000	USER \$ 2664.70 .00	ELIGIBLE \$ 17.65 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK			OF CARE	\$	2,664.70 .00 .00	PEF	R UNIT/DAY 177.65 .00 .00	PER ELIG .099 .000 .000	USER \$ 2664.70 .00	ELIGIBLE \$ 17.65 .00 .00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	15	2,664.70	177.65	.099	2664.70	17.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

CONTRA COSTA COUNT

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,185 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-TOTAL

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 620 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 627 5,841 732,343.92 125.38 9.421 \$ 1168.01 \$ 1181.20 \$ @PHYSICIANS SERVICES 202 1,279 74,464.49 58.22 2.063 \$ 368.64 \$ 120.10 103 156 7,302.93 .252 OUTPATIENT VISITS 46.81 70.90 11.78 .095 OFFICE VISITS 49 59 2,051.99 34.78 41.88 3.31 HOME VISITS 0 0 .00 .00 .000 .00 .00 67 67.78 98.73 EMERGENCY ROOM 46 4,541.40 .108 7.32 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 30 709.54 23.65 .048 32.25 1.14 7,229.61 INPATIENT VISITS 37 45.76 .255 195.39 158 11.66 .253 HOSPITAL VISITS 157 7,108.01 45.27 192.11 11.46 1 121.60 121.60 .002 121.60 .20 CRITICAL CARE 1 0 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES 3 109.79 36.60 .005 54.90 .18 109.79 36.60 54.90 EXAMINATIONS .005 .18 .000 SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 249 16,433.17 66.00 .402 373.48 26.51 31 37 11,772.90 318.19 379.77 PRINCIPAL SURGEON .060 18.99 ASSISTANT SURGEON 4 667.32 166.83 166.83 1.08 4 .006 ANESTHESIOLOGIST 21 208 3,992.95 19.20 .335 190.14 6.44 **OUTPATIENT SURGERY** 15 79 5,221.13 66.09 .127 348.08 8.42 13 24 4,059.70 169.15 .039 312.28 PRINCIPAL SURGEON 6.55 ASSISTANT SURGEON 0 0 .00 .000 .00 .00 .00 ANESTHESIOLOGIST 5 55 1,161.43 21.12 .089 232.29 1.87 Ω 0 .00 .00 .000 DIALYSIS .00 .00 PATHOLOGY 43 156 4,089.37 26.21 .252 95.10 6.60

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	78	391		30,551.43		78.14	.631		391.69		49.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	3		17.25		5.75	.005		17.25		.03
OTHER SERVICES/ALL X-OVERS	62	84		3,509.81		41.78	.135		56.61		5.66
@PHARMACY	314	1,749	\$	71,231.02	\$	40.73	2.821	\$	226.85	\$	114.89
PRESCRIPTION DRUGS	310	934		69,499.90		74.41	1.506		224.19		112.10
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	310	934		69,499.90		74.41	1.506		224.19		112.10
MEDICAL SUPPLIES	23	815		1,731.12		2.12	1.315		75.27		2.79
@DENTIST	16	88	\$	3,991.00	\$	45.35	.142	\$	249.44	\$	6.44
VISITS - DIAGNOSTIC	12	52		579.00		11.13	.084		48.25		.93
ORAL SURGERY	3	21		1,170.00		55.71	.034		390.00		1.89
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.002		100.00		.16
PERIODONTICS	1	1		200.00		200.00	.002		200.00		.32
ENDODONTICS	0	0		215.00		.00	.000		.00		.35
RESTORATIVE DENTISTRY	4	8		727.00		90.88	.013		181.75		1.17
PROSTHETICS	1	1		30.00		30.00	.002		30.00		.05
DENTURES, STAYPLATES	1	4		970.00		242.50	.006		970.00		1.56
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MO	NTH-OF-PAYMENT RI	EPOR]	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,186
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	BCCTP-TC	TAL							~-	

					P-TOTAL	ICES FOR BCCTP-	SUMMARY OF SER	CONTRA COSTA COUNT
MONTHLY AVERAGE	MO							
NITS/DAYS COST PER COST	UNITS/DAYS	ERAGE COST	AV	EXPENDITURES	ICE	UNITS OF SERVIC	USERS	620 ELIGIBLES
PER ELIG USER ELIGI	PER ELIG	ER UNIT/DAY	PE:		ARE	OR DAYS OF CAR		
.024 \$ 47.80 \$.024	22.31	\$	334.63	\$	15	7	@OPTOMETRIST
.005 47.45	.005	47.45		142.35		3	3	DIAGNOSTIC AND ANC. PROCED
.018 45.22	.018	16.44		180.87		11	4	EYE APPLIANCES
.002 11.41	.002	11.41		11.41		1	1	OTHER OPTOMETRIC SERVICES
.000 \$.00 \$.000	.00	\$.00	\$	0	0	@CHIROPRACTOR
.000 .00	.000	.00		.00		0	0	VISITS
.000 .00	.000	.00		.00		0	0	OTHER SERVICES
.000 \$.00 \$.000	.00	\$.00	\$	0	0	@PODIATRIST
.000 .00		.00		.00		0	0	MEDICINE/INJECTIONS
.000 .00	.000	.00		.00		0	0	SURGERY/ANES.
.000 .00		.00		.00		0	0	RADIO./PATHOLOGY
.000 .00	.000	.00		.00		0	0	OTHER
.044 \$ 548.03 \$ 3	.044	81.19	\$	2,192.10	\$	27	4	@HOME HEALTH AGENCY
.000 \$.00 \$.00	\$.00	\$	0	0	NURSE ANESTHESIST
.000 \$.00 \$.000	.00	\$.00	\$	0	0	NURSE MIDWIFE
.000 \$.00 \$.00	\$.00	\$	0	0	PEDIATRIC NURSE PRACTITIONER
.000 \$.00 \$.00		.00	\$	0	0	FAMILY NURSE PRACTITIONER
2.685 \$ 2112.24 \$ 575			\$	356,969.11		1,665	169	@TOTAL HOSPITAL
.377 5468.05 467	.377	1238.49		289,806.55		234	53	HOSP INPATIENT TOTAL
.344 5052.28 407		1185.98		252,614.00		213	50	HSC HOSPITALS
.034 12397.52 59		1771.07		37,192.55		21	3	NON-HSC HOSPITAL TOTAL
.034 3077.67 14		439.67		9,233.00		21	3	ACCOMMODATIONS
.000 .00		.00		.00		0	0	ADMINISTRATIVE DAYS
.000 .00		.00		.00		0	0	TRANSITIONAL IP CARE
.034 3077.67 14		439.67		9,233.00		21	3	ALL OTHER ACCOM
.000 9319.85 45		.00		27,959.55		0	3	ANCILLARIES
.000 .00		.00		.00		0	0	INPATIENT CROSSOVERS
.000 .00		.00		.00		0	0	ALL OTHER INPATIENT
2.308 516.64 108				67,162.56		1,431	130	HOSP OUTPATIENT TOTAL
.045 43.78 1	.045	25.02		700.51		28	16	MEDICAL

SURGERY	13	22	612.38	27.84	.035	47.11	.99
PATHOLOGY	54	274	3,061.74	11.17	.442	56.70	4.94
RADIOLOGY	66	585	36,531.26	62.45	.944	553.50	58.92
ROOM USE	67	116	4,440.07	38.28	.187	66.27	7.16
CROSSOVERS/ALL OTH OUTPTNT	40	406	21,816.60	53.74	.655	545.42	35.19
@COUNTY HOSPITAL TOTAL	45	461 \$	198,816.87 \$	431.27	.744 \$	4418.15	\$ 320.67
CO HOSPITAL INPATIENT TOTAL		157	179,400.00	1142.68	.253	4721.05	289.35
HSC HOSPITALS	38	157	179,400.00	1142.68	.253	4721.05	289.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	304	19,416.87	63.87	.490	2427.11	31.32
MEDICAL	2	6	164.03	27.34	.010	82.02	.26
SURGERY	4	11	150.42	13.67	.018	37.61	.24
PATHOLOGY	6	33	365.85	11.09	.053	60.98	.59
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	15	609.91	40.66	.024	121.98	.98
CROSSOVERS/ALL OTH OUTPTNT		239	18,126.66	75.84	.385	4531.67	29.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DE	2003	PAGE 2,187
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	BCCTP-TOTA	L				

CONTRA CODIA COUNT	BOMMAKI OF BEK	VICES FOR BEETF TOTAL			MC	NTHLY AVERA	CF
620 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
020 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	1,204 \$	158,152.24	\$ 131.36	1.942		
COMM HOSP INPATIENT TOTAL	16	77	110,406.55	1433.85	.124	6900.41	178.08
HSC HOSPITALS	13	, , 56	73,214.00	1307.39	.090	5631.85	118.09
NON-HSC HOSPITALS TOTAL	13	21	37,192.55	1771.07	.034	12397.52	59.99
ACCOMMODATIONS	3	21	9,233.00	439.67	.034	3077.67	14.89
ACCOMMODATIONS ADMINISTRATIVE DAYS	5	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	_					
ALL OTHER ACCOM	3	21	9,233.00	439.67	.034	3077.67	14.89
ANCILLARIES	3	0	27,959.55	.00	.000	9319.85	45.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	104	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	124	1,127	47,745.69	42.37	1.818	385.05	77.01
MEDICAL	15	22	536.48	24.39	.035	35.77	.87
SURGERY	10	11	461.96	42.00	.018	46.20	.75
PATHOLOGY	50	241	2,695.89	11.19	.389	53.92	4.35
RADIOLOGY	66	585	36,531.26	62.45	.944	553.50	58.92
ROOM USE	63	101	3,830.16	37.92	.163	60.80	6.18
CROSSOVERS/ALL OTH OUTPTNT	37	167	3,689.94	22.10	.269	99.73	5.95
@STATE HOSPITAL	0	0 \$.00	\$.00	.000		•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00)	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	3	15	2,741.81	. \$	182.79	.024	\$ 913.94	\$	4.42
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	3	15	2,741.81		182.79	.024	913.94		4.42
@REHABILITATION FACILITY	1	4 5	75.36	\$	18.84	.006	\$ 75.36	\$.12
HOSPITAL BASED	1	4	75.36	,	18.84	.006	75.36		.12
INDEPENDENT FACILITY	0	0	.00)	.00	.000	.00		.00
@LABORATORY FACILITY	36	54	1,405.85	\$	26.03	.087	\$ 39.05	\$	2.27
PATHOLOGY	35	53	1,359.31		25.65	.085	38.84		2.19
XO AND OTHERS	1	1	46.54		46.54	.002	46.54		.08
@ORGANIZED OUTPATIENT CLINIC	342	663	\$ 202,808.38	\$	305.89	1.069	\$ 593.01	\$	327.11
CLINIC	4	12	918.92	}	76.58	.019	229.73		1.48
SURGICENTER	1	1	44.93		44.93	.002	44.93		.07
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	339	650	201,844.53		310.53	1.048	595.41		325.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC 2003	F	AGE 2,188
MOP024	FEE-FOR-SERVICE/DENT	'AL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR BCCTP-TOT	ΓAL						
						MC	NTHLY AVER	AGE	

620 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXP	ENDITURES	Δ1/1	RAGE COST	UNITS			COST PER	CE	COST PER
020 111011110	OBLIG	OR DAYS OF CARE			LIVETTORES		R UNIT/DAY	,			USER		ELIGIBLE
@ALL OTHER PROVIDERS	46	282	\$		16,130.17	\$	57.20		155		350.66	Ś	26.02
DURABLE MED. EQUIP.	8	15	т.		2,622.65	4	174.84		24	т.	327.83	-	4.23
BLOOD BANK	0	0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	25	192			5,090.27		26.51		310		203.61		8.21
AMBULANCES/AIR TRANS	25	192			5,090.27		26.51		310		203.61		8.21
OTHER TRANS	0	0			.00		.00		000		.00		.00
OTHER SERVICES	0	0			.00		.00	. (000		.00		.00
ACUPUNCTURE	0	0			.00		.00	. (000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	. (000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	. (000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	. (000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	. (000		.00		.00
OPTICIAN	6	12			144.85		12.07	. (19		24.14		.23
PHYSICAL THERAPIST	0	0			.00		.00	. (000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	. (000		.00		.00
PROSTHETIST/ORTHOTISTS	7	14			1,599.90		114.28	. (23		228.56		2.58
PROSTHETICS	7	14			1,599.90		114.28	. (23		228.56		2.58
ORTHOTICS	0	0			.00		.00	. (000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	. (000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	. (000		.00		.00
HOSPICE SERVICES	3	49			6,672.50		136.17	. (79		2224.17		10.76
NONINST BIRTHING CENTERS	0	0			.00		.00		000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00		000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00		000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00		000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00		000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00		000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	39	\$		1,199.42	\$	30.75	. (063	\$	133.27	\$	1.93

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,189
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

763 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	41	761	\$ 10,669.43	\$ 14.02	.997	\$ 260.23	\$ 13.98
@PHYSICIANS SERVICES	14	77	\$ 436.77	\$ 5.67	.101	\$ 31.20	\$.57
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

TAIDAMIDAM HOODIMAI OHDODA	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT HOSPITAL SURGERY	U	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0					.00
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	77	436.77	5.67	.101	31.20	.57
@PHARMACY	0	15 \$	719.36CR	\$ 47.96CR	.020 \$.00	\$.94CR
PRESCRIPTION DRUGS	0	15 ·	719.36CR	47.96CR	.020	.00	.94CR
SNF/ICF	Ô	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	15	719.36CR	47.96CR	.020	.00	.94CR
	0						
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	.00
@DENTIST	9	19 \$.00	\$.00	.025 \$.00	\$.00
VISITS - DIAGNOSTIC	4	10	.00	.00	.013	.00	.00
ORAL SURGERY	1	2	.00	.00	.003	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	5	.00	.00	.007	.00	.00
	3	5					
PROSTHETICS	U	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ţ	2	.00	.00	.003	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON					PAGE 2,190
MOP024	FEE-FOR-SERVICE/		III-OF-PAIMENT REE	OKI FOR UAN 2	TINO DEC	2003	01/29/04
				3.TD G0DE	0.0		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVE	CES FOR QMB - ONLY		AID CODE	80		
	DOINING OF DERIVE	x					
		2			MONT		GE
763 ELIGIBLES		UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	HLY AVERA COST PER	GE COST PER
763 ELIGIBLES		-	EXPENDITURES		MONT		
763 ELIGIBLES		UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER	COST PER ELIGIBLE
@OPTOMETRIST		UNITS OF SERVICE OR DAYS OF CARE 0 \$.00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	COST PER ELIGIBLE \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 6 \$.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES		UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS 0 0 0 0 0 0 0 0 0 4	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 6 \$.00 .00 .00 .00 .00 .00 .00 7.31	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .183 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS 0 0 0 0 0 0 0 0 4 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 5 0 0 6 \$ 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS 0 0 0 0 0 0 0 4 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$.00 .00 .00 .00 .00 .00 .00 7.31 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$ 1.22 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS 0 0 0 0 0 0 0 4 0 0 0 0 4	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 1.22	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS 0 0 0 0 0 0 0 4 0 0 4 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 7.31	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$ 1.22 .00 .00 1.22 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 1.83 .00 .00 1.83 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS 0 0 0 0 0 0 0 4 0 0 4 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 7.31 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$ 1.22 .00 1.22 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 \$.00 .00 \$ 1.22 .00 .00 1.22 \$.00 \$.00 \$.00 \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .1.83 .00 .00 1.83 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 .00 7.31 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 7.31 .00 .00 .00 7.31 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS 0 0 0 0 0 0 0 0 4 0 0 0 4 0 0 0 0 4 0 0 0 4	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	8	840.00	105.00	.010	840.00	1.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	10	150.71	15.07	.013	37.68	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0						
CROSSOVERS/ALL OTH OUTPTNT	4	10	150.71	15.07	.013	37.68	.20
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		S AND EXPENDITURES MONT					PAGE 2,191
			II-OF-PAIMENT KE	PORT FOR UAN A	ZUUS IIIKU DEK	. 2003	01/29/04
	FEE-FOR-SERVICE/I			ATD CODE	0.0		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVIC	CES FOR QMB - ONLY		AID CODE			~=
762					MON7		
763 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	18 \$	990.71	\$ 55.04	.024 \$	247.68	\$ 1.30
COMM HOSP INPATIENT TOTAL	1	8	840.00	105.00	.010	840.00	1.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS				()()			
TRANSITIONAL IP CARE	0	0		.00		0.0	0.0
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0 0 0	0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00	.00
ANCILLARIES	0 0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0	0 0 0 0 0 8	.00 .00 .00 .00 .00 840.00	.00 .00 .00 .00 105.00	.000 .000 .000 .000 .010	.00 .00 .00 840.00	.00 .00 .00 1.10
ANCILLARIES	0 0 0 0 0 1	0	.00 .00 .00 .00 840.00	.00 .00 .00 .00 105.00	.000 .000 .000 .000	.00 .00 .00 840.00	.00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 1 0 4	· ·	.00 .00 .00 .00 .00 840.00	.00 .00 .00 .00 105.00	.000 .000 .000 .000 .010	.00 .00 .00 840.00	.00 .00 .00 1.10
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 1 0 4	0	.00 .00 .00 .00 840.00	.00 .00 .00 .00 105.00	.000 .000 .000 .000 .010	.00 .00 .00 840.00	.00 .00 .00 1.10 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 1 0 4 0	0 10	.00 .00 .00 .00 840.00 .00	.00 .00 .00 .00 105.00 .00	.000 .000 .000 .000 .010 .000	.00 .00 .00 840.00 .00 37.68	.00 .00 .00 1.10 .00 .20
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	4 0	0 10 0	.00 .00 .00 .00 840.00 .00 150.71 .00	.00 .00 .00 .00 105.00 .00 15.07 .00	.000 .000 .000 .000 .010 .000 .013 .000	.00 .00 .00 840.00 .00 37.68 .00	.00 .00 .00 1.10 .00 .20 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	4 0 0	0 10 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00	.000 .000 .000 .000 .010 .000 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00	.00 .00 .00 1.10 .00 .20 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	4 0 0 0	0 10 0 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00	.000 .000 .000 .010 .010 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00	.00 .00 .00 1.10 .00 .20 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	4 0 0 0	0 10 0 0 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00 .00	.000 .000 .000 .010 .010 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00	.00 .00 .00 1.10 .00 .20 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 0 0 0 0 0 0 0 4	0 10 0 0 0 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00 .00	.000 .000 .000 .010 .000 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00 .00 .00	.00 .00 .00 1.10 .00 .20 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 0 0 0 0 0 0 4 0	0 10 0 0 0 0 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00 .00 .00	.000 .000 .000 .010 .000 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00 .00 .00	.00 .00 .00 1.10 .00 .20 .00 .00 .00 .00 .20
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	4 0 0 0 0 0 0 4 0	0 10 0 0 0 0 0 10 0 \$.00 .00 .00 .00 840.00 .00 150.71 .00 .00 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00 .00 .00 .00	.000 .000 .000 .000 .010 .000 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00 .00 .00 .37.68	.00 .00 .00 1.10 .00 .20 .00 .00 .00 .00 .20 \$.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 0 0 0 0 0 0 4 0	0 10 0 0 0 0 0 0	.00 .00 .00 .00 840.00 .00 150.71 .00 .00 .00 .00	.00 .00 .00 .00 105.00 .00 15.07 .00 .00 .00 .00	.000 .000 .000 .010 .000 .013 .000 .000	.00 .00 .00 840.00 .00 37.68 .00 .00 .00 .00	.00 .00 .00 1.10 .00 .20 .00 .00 .00 .00 .20

@NURSING FACILITY	4	0	\$	5,633.83	\$.00	.000	\$	1408.46	\$	7.38
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	0		5,633.83		.00	.000		1408.46		7.38
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	9	\$	3,994.15	\$	443.79	.012	\$	998.54	\$	5.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	9		3,994.15		443.79	.012		998.54		5.23
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE:	S MONT	H-OF-PAYMENT R	EPORT	FOR JAN 20	03 THRU	DEC	2003	PA	GE 2,192
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	QMB - ON:	LY			AID CODE 8					
								-	HLY AVERA	_	
763 ELIGIBLES	USERS UNITS O	F SERVICE		EXPENDITURES	AVE	RAGE COST U	NITS/DAY:	S	COST PER	C	OST PER

					MON	ITHLY AVERAGI	<u> </u>
763 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	617	\$ 326.02	\$.53	.809 \$	65.20	3 .43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	6.38	6.38	.001	6.38	.01
PROSTHETICS	1	1	6.38	6.38	.001	6.38	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	616	319.64	.52	.807	79.91	.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	.00

@XOVER EXCLUDING STATE HOSP** 32 719 \$ 11,389.65 \$ 15.84 .942 \$ 355.93 \$ 14.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,193 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MONT	THLY AVERA	GE
6,064 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,904	11,700 \$		\$ 64.37	1.929 \$	259.33	\$ 124.19
@PHYSICIANS SERVICES	366	733 \$		\$ 49.04	.121 \$	98.22	
OUTPATIENT VISITS	284	330	14,183.70	42.98	.054	49.94	2.34
OFFICE VISITS	147	171	6,817.31	39.87	.028	46.38	1.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	130	6,046.50	46.51	.021	51.24	1.00
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	28	1,282.50	45.80	.005	49.33	.21
INPATIENT VISITS	0 26 24 23 4	102	6,432.36	63.06	.017	268.02	1.06
HOSPITAL VISITS	23	93	5,269.81	56.66	.015	229.12	.87
011212012 01112	-	9 0 10	1,162.55	129.17	.001	290.64	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10	480.83	48.08	.002	60.10	.08
EXAMINATIONS	8	Τ0	480.83	48.08	.002	60.10	.08
SERVICES AND MATERIALS	0 15	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	85	7,432.36	87.44	.014	495.49	1.23
PRINCIPAL SURGEON	10	13	5,009.96	385.38	.002	501.00	.83
ASSISTANT SURGEON	1	1	494.62	87.44 385.38 494.62 27.15	.000	494.62	.08
ANESTHESIOLOGIST	6	71	1,927.78	27.15	.012	321.30	.32
OUTPATIENT SURGERY	26	70	3,/6/.04	53.81	.012	144.89	.62
PRINCIPAL SURGEON	18	21	2,065.83	98.37	.003	114.77	.34
ASSISTANT SURGEON	0 8	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	49 0	1,701.21	34.72	.008	212.65	.28 .00
DIALYSIS	30	52	.00 263.65	.00 5.07	.000 .009	.00 8.79	.04
PATHOLOGY	26	30	1,181.44	39.38	.005	45.44	.19
RADIOLOGY PSYCHIATRY	0	0	.00	.00	.000	.00	.00
TIMESTER STORE AND THE SECOND	2	3	27.25	9.08	.000	9.08	.00
OTHER SERVICES/ALL X-OVERS	29 254	51	2,181.18	42.77	.008	75.21	.36
@PHARMACY	254	512 \$		\$ 39.39	.084 \$	79.41	
PRESCRIPTION DRUGS	253	498	17,534.94	35.21	.082	69.31	2.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	253	498	17,534.94	35.21	.082	69.31	2.89
MEDICAL SUPPLIES	7	14	2,634.35	35.21 188.17	.002	376.34	.43
@DENTIST	548	3,155 \$		\$ 30.44	.520 \$		
VISITS - DIAGNOSTIC	442	1,731	24,934.00	14.40	.285	56.41	4.11
ORAL SURGERY	36	77	2,812.00	36.52	.013	78.11	.46
DRUGS	88	101	2,187.50	21.66	.017	24.86	.36
ANESTHESIA	0	0		.00	.000	.00	.00
PERIODONTICS	2	3	.00 155.00	51.67	.000	77.50	.03
ENDODONTICS	99	287	18,724.50	65.24	.047	189.14	3.09
RESTORATIVE DENTISTRY	229	936	46,876.00	50.08	.154	204.70	7.73
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	240.00	120.00	.000	240.00	.04
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	16	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,194
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

CONTRA COSTA COUNT	SUMMARI OF SERVI	CES FOR	1330 PK	MAADU	AID (CODES /	∠ / 1 OIV	OP				
								M	TINC	HLY AVERA	GE	
6,064 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY	S C	COST PER		COST PER
		OR DAYS	OF CARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		6	\$	185.20	\$	30.87	.001	\$	61.73	\$.03
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45	.000		47.45		.02
EYE APPLIANCES	1		3		42.85		14.28	.000		42.85		.01
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	230	931	Š	143,879.35		154.54		Š	625.56	\$	23.73
HOSP INPATIENT TOTAL	19	56	Y	96,355.85	Y	1720.64	.009	Y	5071.36	Ÿ	15.89
HSC HOSPITALS	18	55		95,803.00		1741.87	.009		5322.39		15.80
NON-HSC HOSPITAL TOTAL	1	1		552.85		552.85	.000		552.85		.09
	1	1							397.10		
ACCOMMODATIONS	0	1		397.10		397.10	.000				.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		397.10		397.10	.000		397.10		.07
ANCILLARIES	1	0		155.75		.00	.000		155.75		.03
INPATIENT CROSSOVERS	Ü	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	216	875		47,523.50		54.31	.144		220.02		7.84
MEDICAL	49	67		3,945.53		58.89	.011		80.52		.65
SURGERY	13	15		541.88		36.13	.002		41.68		.09
PATHOLOGY	50	306		3,207.91		10.48	.050		64.16		.53
RADIOLOGY	33	120		26,874.79		223.96	.020		814.39		4.43
ROOM USE	181	209		7,863.63		37.63	.034		43.45		1.30
CROSSOVERS/ALL OTH OUTPTNT	78	158		5,089.76		32.21	.026		65.25		.84
@COUNTY HOSPITAL TOTAL	6	14	\$	8,028.98	\$	573.50	.002	\$	1338.16	\$	1.32
CO HOSPITAL INPATIENT TOTAL	4	7		7,840.00		1120.00	.001		1960.00		1.29
HSC HOSPITALS	4	7		7,840.00		1120.00	.001		1960.00		1.29
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	7		188.98		27.00	.001		94.49		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		48.84		48.84	.000		48.84		.01
PATHOLOGY	1	3		31.47		10.49	.000		31.47		.01
RADIOLOGY	1	1		38.61		38.61	.000		38.61		.01
ROOM USE	2	2		70.06		35.03	.000		35.03		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	'C MON		רם∩פי			חדכ		DΛ	GE 2,195
MOP024	FEE-FOR-SERVICE		ID MOIN	III OF FAIMENT K	EF OIC	I FOR UAN A	2005 11110	ا الد	2003	ΓA	01/29/04
CONTRA COSTA COUNT		ICES FOR 133% PRO	CPAM	AID (CODE	S 72 74 8N	8D				01/25/04
CONTRA COSTA COUNT	SUMMART OF SERV	ICES FOR 133% FRO	GICAN	AID (CODE,	3 /2 / 1 ON	M	○NTT	מודע אזודםא	CF _	
6.064 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	ERAGE COST		-		_	OST PER
0,004 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY					LIGIBLE
@COMMUNITY HOSPITAL TOTAL	225		بخ	125 050 27		148.15	.151		603.78	_	22.40
			\$	135,850.37	\$			Ą		Ą	
COMM HOSP INPATIENT TOTAL	16	49		88,515.85		1806.45	.008		5532.24 5864.20		14.60
HSC HOSPITALS	15	48		87,963.00		1832.56	.008				14.51
NON-HSC HOSPITALS TOTAL	1	1		552.85		552.85	.000		552.85		.09
ACCOMMODATIONS	1	1		397.10		397.10	.000		397.10		.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		397.10		397.10	.000		397.10		.07
ANCILLARIES	1	0		155.75		.00	.000		155.75		.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	214	868		47,334.52		54.53	.143		221.19		7.81
MEDICAL	49	67		3,945.53		58.89	.011		80.52		.65
SURGERY	12	14		493.04		35.22	.002		41.09		.08
PATHOLOGY	49	303		3,176.44		10.48	.050		64.83		.52
RADIOLOGY	32	119		26,836.18		225.51	.020		838.63		4.43
ROOM USE	179	207		7,793.57		37.65	.034		43.54		1.29
CROSSOVERS/ALL OTH OUTPTNT		158		5,089.76		32.21	.026		65.25		.84
@STATE HOSPITAL	0	130	\$.00		.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ġ	.00	بغ	.00
LEV A-INTERMEDIATE	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
	0	0									
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	4.	.00		.00	.000		.00	4.	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	135	\$	1,680.40		12.45	.022	\$	210.05	\$.28
HOSPITAL BASED	2	6		386.25		64.38	.001		193.13		.06
INDEPENDENT FACILITY	6	129		1,294.15		10.03	.021		215.69		.21
@LABORATORY FACILITY	31	50	\$	529.94		10.60	.008	\$		\$.09
PATHOLOGY	31	50		529.94		10.60	.008		17.09		.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,560	1,884	\$	445,423.46	\$	236.42	.311	\$	285.53	\$	73.45
CLINIC	1	1		18.12		18.12	.000		18.12		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,559	1,883		445,405.34		236.54	.311		285.70		73.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	Ρž	AGE 2,196
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR 133% PR	OGRAN	M AID	CODE	S 72 74 8N	8P				
							M	IONTI	HLY AVERA	GE ·	
6,064 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
•	-	OR DAYS OF CARE		-	PEI	R UNIT/DAY	PER ELIC	ļ	USER	1	ELIGIBLE
@ALL OTHER PROVIDERS	148	4,294	\$	9,246.57		2.15	.708			\$	1.52
DURABLE MED. EQUIP.	4	4	•	250.68		62.67	.001		62.67		.04
	_										

BLOOD BANK 0 0 .00 .00 .000 .00 .00 3 23.11 HEARING AID DISPENSERS 1 69.34 .000 69.34 .01 MEDICAL TRANSPORTATION 18 168 1,970.79 11.73 .028 109.49 .32 18 168 1,970.79 11.73 109.49 .32 AMBULANCES/AIR TRANS .028 OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .000 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 0 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 0 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 0 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 14 28 243.27 8.69 .005 17.38 .04 0 .00 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 12 365.60 30.47 .002 365.60 .06 1 12 365.60 PROSTHETICS 30.47 .002 365.60 .06 0 .00 ORTHOTICS 0 .00 .000 .00 .00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	563	6,006.95	10.67	.093	55.62	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3,516	339.94	.10	.580	169.97	.06
@CALIF. CHILDREN SERVICES*	151	1,023	\$ 145,555.47	\$ 142.28	.169	\$ 963.94	\$ 24.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,197
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR 100% PROGRAM	AID (CODES /A /C 8R			
					MON		
5,298 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,979	14,384 \$	443,441.05	\$ 30.83	2.715 \$		
@PHYSICIANS SERVICES	186	385 \$	25,147.56	\$ 65.32	.073 \$	135.20	\$ 4.75
OUTPATIENT VISITS	127	139	6,332.91	45.56	.026	49.87	1.20
OFFICE VISITS	45	51	2,092.45	41.03	.010	46.50	.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	62	65	3,051.41	46.94	.012	49.22	.58
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.001	120.96	.05
OTHER OUTPATIENT	18	18	881.35	48.96	.003	48.96	.17
INPATIENT VISITS	9	44	6,135.64	139.45	.008	681.74	1.16
HOSPITAL VISITS	8	13	575.13	44.24	.002	71.89	.11
CRITICAL CARE	2	31	5,560.51	179.37	.006	2780.26	1.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5 5	260.83	52.17	.001	65.21	.05
EXAMINATIONS	4	5	260.83	52.17	.001	65.21	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	30	2,125.15	70.84	.006	212.52	.40
PRINCIPAL SURGEON	7	7	1,473.92	210.56	.001	210.56	.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23	651.23	28.31	.004	217.08	.12
OUTPATIENT SURGERY	21	28	4,157.43	148.48	.005	197.97	.78
PRINCIPAL SURGEON	20	24	3,990.67	166.28	.005	199.53	.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	166.76	41.69	.001	166.76	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	55	382.62	6.96	.010	20.14	.07
RADIOLOGY	39	57	4,711.15	82.65	.011	120.80	.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	10.90	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	19	25	1,030.93	41.24	.005	54.26	.19
@PHARMACY	170	390 \$	26,466.78	\$ 67.86	.074 \$		
PRESCRIPTION DRUGS	169	336	23,114.88	68.79	.063	136.77	4.36
SNF/ICF	3	9	816.49	90.72	.002	272.16	.15
OUTPATIENTS	166	327	22,298.39	68.19	.062	134.33	4.21
MEDICAL SUPPLIES	18	54	3,351.90	62.07	.010	186.22	.63
@DENTIST	672	4,102 \$	105,558.00	\$ 25.73	.774 \$		
VISITS - DIAGNOSTIC	499	2,919	41,843.00	14.33	.551	83.85	7.90
ORAL SURGERY	108	181	9,874.00	54.55	.034	91.43	1.86
DRUGS	20	25	625.00	25.00	.005	31.25	.12
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02

PERIODONTICS	3	3	110.00	36.67	.001	36.67	.02
ENDODONTICS	56	78	9,662.00	123.87	.015	172.54	1.82
RESTORATIVE DENTISTRY	270	781	38,325.00	49.07	.147	141.94	7.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	10	484.00	48.40	.002	242.00	.09
SPACE MAINTAINERS	5	5	480.00	96.00	.001	96.00	.09
MAXILLOFACIAL SERVICES	2	2	130.00	65.00	.000	65.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	45	54	3,775.00	69.91	.010	83.89	.71
ALL OTHER SERVICES	18	43	150.00	3.49	.008	8.33	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DE	C 2003	PAGE 2,198
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	R 100% PROGRAM	M AID CODES	7A 7C 8R 87			
					MON	THLY AVERAG	GE

CONTRA COSTA COUNT	SUMMARY OF SERVICE	S FOR 1008	% PROGRAM	AID	CODES	S 7A 7C 8R	8Т				
00111111 000111 000111		1010 1000	0 1110014111	1112	0022		MC	TNC	HLY AVERA	GE	
5,298 ELIGIBLES	USERS UN	ITS OF SERV	VICE	EXPENDITURES	AVE	ERAGE COST					COST PER
5,298 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0	R DAYS OF C			PEF	R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	30	73		1,833.11	\$	25.11	.014			\$.35
DIAGNOSTIC AND ANC. PROCED	26	26	5	1,158.56	•	44.56	.005		44.56	•	.22
EYE APPLIANCES	16	47	7	674.55		14.35	.009		42.16		.13
OTHER OPTOMETRIC SERVICES	0	()	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	() \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	()	.00		.00	.000		.00		.00
OTHER SERVICES	0	()	.00		.00	.000		.00		.00
@PODIATRIST	3	Ę)) 5 \$ 3	244.25	\$	48.85	.001	\$	81.42	\$.05
MEDICINE/INJECTIONS	3	3	3	99.49		33.16	.001		33.16		.02
SURGERY/ANES.	0	())	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	()	.00		.00	.000		.00		.00
OTHER	1	2	2	144.76		72.38	.000		144.76		.03
@HOME HEALTH AGENCY	0	() \$.00	\$.00	.000		.00		
NURSE ANESTHESIST	0	() \$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	0	(2) \$) \$) \$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0			.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0) \$.00	\$.00	.000		.00	\$	
@TOTAL HOSPITAL	108	458				164.50		\$	697.62	\$	14.22
HOSP INPATIENT TOTAL	10	4.5		65,175.98		1448.36	.008		6517.60		12.30
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	8	42		59,140.04		1408.10	.008		7392.51		11.16
NON-HSC HOSPITAL TOTAL	2	3	3	6,035.94		2011.98 397.10	.001		3017.97		1.14
ACCOMMODATIONS	2	3	3	1,191.30		397.10	.001		595.65		.22
ADMINISTRATIVE DAYS	0	()	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	()) 3)	.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3	3	1,191.30		397.10	.001		595.65 2422.32		. 22
ANCILLARIES	2	()	4,844.64		.00 .00 397.10 .00 .00	.000				.91
INPATIENT CROSSOVERS	0	(.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	(.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	98	413		10,167.05		24.62	.078		103.75 54.95		1.92
MEDICAL	14	17		769.26		45.25	.003		54.95		.15
SURGERY	8 38	10		517.96		51.80	.002		64.75		.10
PATHOLOGY	38 30	189		1,717.93		9.09	.036		45.21		.32
RADIOLOGY	30	42		2,311.69		55.04	.008		77.06		. 44
ROOM USE	78	100		4,154.05		41.54	.019		53.26		.78
CROSSOVERS/ALL OTH OUTPINT	38	55		696.16	4	12.66	.010		18.32		.13
@COUNTY HOSPITAL TOTAL	1	15				911.78		Ş	1953.81	Ş	
CO HOSPITAL INPATIENT TOTAL	6	12 12		13,560.04		1130.00	.002		2260.01 2260.01		2.56 2.56
HSC HOSPITALS	6		2	13,560.04		1130.00	.002		.00		2.56 .00
NON-HSC HOSPITALS TOTAL	0			.00							
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0	()	.00		.00	.000		.00		.00
ADMINISTRALIVE DAIS	0	(.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	(.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	(.00		.00	.000		.00		.00
ANCILLANA	U	(J	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	116.62	38.87	.001	116.62	.02
MEDICAL	1	2	81.55	40.78	.000	81.55	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.07	35.07	.000	35.07	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 2,199
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID	CODES 7A 7C 8R	8T		
					MO1	THLY AVERAG	E
5,298 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	443 \$	61,666.37	\$ 139.20	.084	610.56	\$ 11.64

COMM HOSP INPATIENT TOTAL	4	33	51,615.94	1564.12	.006	12903.99		9.74
HSC HOSPITALS	4 2 2 2 0 0 2 2 2 0 0 97 13 8	30	45,580.00	1519.33	.006	22790.00		8.60
NON-HSC HOSPITALS TOTAL	2	3	6,035.94	2011.98	.001	3017.97		1.14
ACCOMMODATIONS	2	3	1 191 30	397.10		595.65		.22
ADMINISTRATIVE DAYS	0	0	1,101.30	.00	.000	.00		.00
ADMINISTRATIVE DATS	0	0	.00	.00				
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	3	6,035.94 1,191.30 .00 .00 1,191.30 4,844.64 .00 .00	.00 397.10 .00	.001	595.65		.22
ANCILLARIES	2	0	4,844.64	.00	.000	2422.32		.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00 24.51	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	97	410	10,050.43	24.51	.077	103.61		1.90
MEDICAL	13	15	687.71	45.85	.003	52.90		.13
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	8	10	517.96	51.80	.002	64.75		.10
PATHOLOGY	20	189	1,717.93	9.09	.036	45.21		.32
PAINOLOGI	30							
RADIOLOGY	30	42	2,311.69	55.04	.008	77.06		. 44
ROOM USE	7.7	99	4,118.98	41.61	.019	53.49		.78
CROSSOVERS/ALL OTH OUTPTNT	38 0 0 0 0 0	55	696.16	12.66	.010	18.32		.13
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00		.000 \$		Ś	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	Ψ.	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING								
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	1	121 \$	22,117.59	\$ 182.79	.023 \$	22117.59	\$	4.17
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1	121	22,117.59	182.79	.023	22117.59		4.17
@HEMODIALVSIS TOTAL	0	0 \$.00	\$.00	.000 \$		Ċ	.00
UCCDITAL DACED	0	0	.00	.00	.000 \$.00	Ÿ	.00
HEMODIAL VOIG GENEED	0				.000			
HEMODIALISIS CENTER	0	0	.00	.00		.00	4	.00
@REHABILITATION FACILITY	2	42 \$	688.30	\$ 16.39	.008 \$		Ş	.13
HOSPITAL BASED	1	2	138.03	69.02	.000	138.03		.03
INDEPENDENT FACILITY	1	40	550.27	13.76	.008	550.27		.10
@LABORATORY FACILITY	11	30 \$	454.19	\$ 15.14	.006 \$	41.29	\$.09
PATHOLOGY	11	30	454.19	15.14	.006	41.29		.09
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATTENT CLINIC	500	675 \$	157,035.54	\$ 232.65	.127 \$		Ġ	29.64
CITNIC	11	68	2 056 19	30 24	013	186 93	Y	30
CLINIC	11	0	2,030.19	00.24	.013	100.55		. 32
SURGICENIER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	491	607	154,9/9.35	255.32	.115	315.64		29.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PΑ	AGE 2,200
MOP024	FEE-FOR-SERVICE	:/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR 100% PROGE	CIA MAS	CODES 7A 7C 81	R 8T			
					MON	THLY AVERA	GE -	
5,298 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	472	8,103 \$	28,552.70	\$ 3.52	1.529 \$		\$	5.39
DURABLE MED. EQUIP.	4	10	1,695.87	169.59	.002	423.97	Y	.32
			•					
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	8	57	819.63	14.38	.011	102.45		.15
AMBULANCES/AIR TRANS	^		010 63	1/1 20	.011	102.45		.15
	8	57	819.63	14.38				
OTHER TRANS	0	57 0	.00	.00	.000	.00		.00
OTHER TRANS OTHER SERVICES								
	0	0	.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	179	1,535.43	8.58	.034	19.94	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	20	952.92	47.65	.004	476.46	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	378	1,889	21,902.64	11.59	.357	57.94	4.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	5,946	1,436.21	.24	1.122	478.74	.27
@CALIF. CHILDREN SERVICES*	71	590	\$ 70,488.70	\$ 119.47	.111	\$ 992.80	\$ 13.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,201 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MONTHLY AVERAGE			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,108	21,345 \$	1,216,228.11	\$ 56.98	.000 \$	238.10	\$.00	
@PHYSICIANS SERVICES	554	5,085 \$	108,968.95	\$ 21.43	.000 \$	196.69	\$.00	
OUTPATIENT VISITS	337	4,419	84,370.14	19.09	.000	250.36	.00	
OFFICE VISITS	69	69	1,404.21	20.35	.000	20.35	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	330	4,349	82,947.61	19.07	.000	251.36	.00	
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	7	332.60	47.51	.000	166.30	.00	
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	6	163.95	27.33	.000	163.95	.00	
OUTPATIENT SURGERY	38	65	4,817.83	74.12	.000	126.79	.00	
PRINCIPAL SURGEON	37	63	4,722.12	74.95	.000	127.62	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	2	95.71	47.86	.000	95.71	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	207	340	1,720.95	5.06	.000	8.31	.00	
RADIOLOGY	223	228	17,142.27	75.19	.000	76.87	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	4	470.04	117.51	.000	117.51	.00	
OTHER SERVICES/ALL X-OVERS	6	22	115.12	5.23	.000	19.19	.00	

@PHARMACY	456	675	\$	13,767.43 \$	20.40	.000 \$	30.19	\$.00
PRESCRIPTION DRUGS	451	649		12,687.82	19.55	.000	28.13		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	451	649		12,687.82	19.55	.000	28.13		.00
MEDICAL SUPPLIES	16	26		1,079.61	41.52	.000	67.48		.00
@DENTIST	0	0	\$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MC	NTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DEC	2003	PAGE	2,202
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	PRESUM	PTIVE	ELIGIBILITY-PREGNAN	NT AID CODES	7F 7G			
						14037			

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$ \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST .00 \$.00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 .00 .000 .00 NURSE ANESTHESIST .00 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 .00 \$.00 @TOTAL HOSPITAL 259 8,069.53 31.16 .000 68.39 .00 118 .000 HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 .000 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 8,069.53 HOSP OUTPATIENT TOTAL 118 259 31.16 .000 68.39 .00 .00 .00 MEDICAL 0 .00 .00 .000 SURGERY 3 5 102.33 20.47 .000 34.11 .00 211 5,572.73 68.80 PATHOLOGY 81 26.41 .000 .00 .00 RADIOLOGY 24 24 1,769.61 73.73 .000 73.73 ROOM USE 15 19 624.86 32.89 .000 41.66 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 2,203
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	PRESUMPTIV	E ELIGIBILITY-PREGN	NANT AID CODE	S 7F 7G		

CONTRA COSTA COUNT	SUMMARI OF SER	VICES FOR PRESUMP	TTAF	. EDIGIDIDITII-PREG	INAINI	AID CODES		_ N.T.		aп	
00 81 10101 80	Hanna	INITES OF SERVICE			7. 7. 7. 7.	DAGE GOGE			HLY AVERA		GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	_	COST PER		COST PER
	110	OR DAYS OF CARE		0.060.53			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118	259	\$	8,069.53	\$	31.16	.000	Ş	68.39	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	118	259		8,069.53		31.16	.000		68.39		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	3	5		102.33		20.47	.000		34.11		.00
PATHOLOGY	81	211		5,572.73		26.41	.000		68.80		.00
RADIOLOGY	24	24		1,769.61		73.73	.000		73.73		.00
ROOM USE	15	19		624.86		32.89	.000		41.66		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,408	4,292	\$	95,718.35	\$	22.30	.000	\$	67.98	\$.00
PATHOLOGY	1,408	4,292		95,718.35		22.30	.000		67.98		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,485	10,803	\$	965,501.35	\$	89.37	.000	\$	277.04	\$.00
CLINIC	1,734	8,012		359,625.99		44.89	.000		207.40		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,757	2,791		605,875.36		217.08	.000		344.84		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES 1	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PAGE	2,204
MOP024	FEE-FOR-SERVICE	/DENTAL								0	1/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR PRESU	JMPTIV.	E ELIGIBILITY-PRE	GNANT	AID CODES	S 7F 7G				
							N	ITNON	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	r units/day	ZS (COST PER	COS	T PER

	Ol	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	231	231 \$	24,202.50	\$ 104.77	.000 \$	104.77	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	231	231	24,202.50	104.77	.000	104.77	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,205 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

CONTRA COSTA COUNT	SUMMARI OF SERV.	TCES FOR	MEDI-CHI	T TOPE	MAYDOYA CICOTONY	AID CODE	/п			
							MC	NTHLY AVERA	GE	-
04 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.0	0
@PHYSICIANS SERVICES	0		0	S	.00	\$.00	.000	•	\$.0	
OUTPATIENT VISITS	0		0	•	.00	.00	.000	.00	.0	
OFFICE VISITS	0		0		.00	.00	.000	.00	.0	
HOME VISITS	0		0		.00	.00	.000	.00	.0	
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.0	
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.0	
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.0	
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.0	
INPATIENT VISITS	0		0		.00	.00	.000	.00	.0	
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.0	
CRITICAL CARE	0		0		.00	.00	.000	.00	.0	
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.0	
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.0	
EXAMINATIONS	0		0		.00	.00	.000	.00	.0	
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.0	
INPATIENT HOSPITAL SURGERY	Õ		0		.00	.00	.000	.00	.0	
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.0	
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.0	
ANESTHESIOLOGIST	0		0			.00		.00		
ANESIMESTOLOGISI	U		U		.00	.00	.000	.00	. 0	U

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	-					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	-					
OTHER SERVICES/ALL X-OVERS	U	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
·- ·	0	-					
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0					
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	Ω	.00	.00	.000	.00	.00
·	0	0					
ORTHODONTIC SERVICES	U	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		<u> </u>					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT				2003	
		S AND EXPENDITURES MONT				2003	PAGE 2,206
MOP024	FEE-FOR-SERVICE/	DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	
	FEE-FOR-SERVICE/		H-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H		PAGE 2,206 01/29/04
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER	H-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H MONT	HLY AVERAG	PAGE 2,206 01/29/04 E
MOP024	FEE-FOR-SERVICE/	DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC 7H MONT		PAGE 2,206 01/29/04
MOP024 CONTRA COSTA COUNT	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE	H-OF-PAYMENT RE	PORT FOR JAN 2 AID CODE AVERAGE COST	7H MONT UNITS/DAYS	HLY AVERAG COST PER	PAGE 2,206 01/29/04 E COST PER
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	7H MONT UNITS/DAYS PER ELIG	HLY AVERAG COST PER USER	PAGE 2,206 01/29/04 E COST PER ELIGIBLE
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	HLY AVERAG COST PER USER .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000	HLY AVERAG COST PER USER .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	HLY AVERAG COST PER USER .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000	HLY AVERAG COST PER USER .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000	HLY AVERAG COST PER USER .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	HLY AVERAG COST PER USER .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	HLY AVERAG COST PER USER .00 .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	HLY AVERAG COST PER USER .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00
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MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00
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MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.00	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 \$.000 .000 .000 \$	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 \$.00
MOP024 CONTRA COSTA COUNT 04 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.00	HLY AVERAG COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 2,206 01/29/04 E COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00

ALL OTHER ACCOM	0		0		.00		00	.0	000	.00		.00	
ANCILLARIES	0		0		.00		00	. 0	000	.00		.00	
INPATIENT CROSSOVERS	0		0		.00		00	. 0	000	.00		.00	
ALL OTHER INPATIENT	0		0		.00		00	. 0	000	.00		.00	
HOSP OUTPATIENT TOTAL	0		0		.00		00		000	.00		.00	
MEDICAL	0		0		.00		00		000	.00		.00	
SURGERY	0		0		.00		00		000	.00		.00	
PATHOLOGY	0		0		.00		00		000	.00		.00	
RADIOLOGY	0		0		.00		00		000	.00		.00	
ROOM USE	0		0		.00		00		000	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		00		000	.00		.00	
@COUNTY HOSPITAL TOTAL	0		0 \$.00		00		000 \$		\$.00	
CO HOSPITAL INPATIENT TOTAL	0		0		.00		00		000	.00	т	.00	
HSC HOSPITALS	0		0		.00		00		000	.00		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		00		000	.00		.00	
ACCOMMODATIONS	0		0		.00		00		000	.00		.00	
ADMINISTRATIVE DAYS	0		0		.00		00		000	.00		.00	
TRANSITIONAL IP CARE	0		0		.00		00		000	.00		.00	
ALL OTHER ACCOM	0		0		.00		00		000	.00		.00	
ANCILLARIES	0		0		.00		00	. 0	000	.00		.00	
INPATIENT CROSSOVERS	0		0		.00		00		000	.00		.00	
ALL OTHER INPATIENT	0		0		.00		00	. 0	000	.00		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00		00	. 0	000	.00		.00	
MEDICAL	0		0		.00		00	. 0	000	.00		.00	
SURGERY	0		0		.00		00	. 0	000	.00		.00	
PATHOLOGY	0		0		.00		00	. 0	000	.00		.00	
RADIOLOGY	0		0		.00		00	. 0	000	.00		.00	
ROOM USE	0		0		.00		00	. 0	000	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		00	. 0	000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPE	ENDITURES	MONTH-OF-	PAYMENT REI	PORT FOR	JAN :	2003 TH	IRU DE	EC 2003	P^{R}	GE 2,207	
MOP024	FEE-FOR-SERVICE/D	ENTAL										01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICE	ES FOR N	MEDI-CAL	TUBERCULOS	SIS PROGRAM	AID	CODE	7H					
									- MON	THLY AVER	AGE -		
04 ELIGIBLES	USERS U	NITS OF S	SERVICE	EXPE	NDITURES	AVERAGE	COST	UNITS/	DAYS	COST PER	C	COST PER	
		OR DAYS C	OF CARE			PER UNIT	'/DAY	PER E	LIG	USER	E	LIGIBLE	
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04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	5	.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	\$.00 \$.00			\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAY	MENT REPOR	T FOR JAN 2003	3 THRU D	EC 2003	PAGE	2,208
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01	./29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	R MEDI-CAL	TUBERCULOSIS	PROGRAM	AID CODE 7H				

----- MONTHLY AVERAGE -----04 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 0 .000 \$ @ALL OTHER PROVIDERS 0 .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 0 0 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 .00 .00 .00 \$ \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,209
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO	NTHLY AVERA	GE	
1,282 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,103	7,411	\$	642,940.08	\$ 86.75	5.781	\$ 582.90	\$	501.51
@PHYSICIANS SERVICES	455	3,049	\$	110,332.85	\$ 36.19	2.378	\$ 242.49	\$	86.06
OUTPATIENT VISITS	174	1,259		23,408.81	18.59	.982	134.53		18.26
OFFICE VISITS	34	39		1,870.91	47.97	.030	55.03		1.46
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	56	59		3,239.71	54.91	.046	57.85		2.53
PREVENTIVE CARE	1	1		34.69	34.69	.001	34.69		.03
OB VISITS/COMPRE PERI	104	1,158		18,250.62	15.76	.903	175.49		14.24
OTHER OUTPATIENT	2	2		12.88	6.44	.002	6.44		.01
INPATIENT VISITS	75	204		10,667.55	52.29	.159	142.23		8.32

HOSPITAL VISITS	72	175			7,202.14		41.16	.137		100.03		5.62
CRITICAL CARE	3	29			3,465.41		119.50	.023		1155.14		2.70
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	94	366			39,695.39		108.46	.285		422.29		30.96
PRINCIPAL SURGEON	69	95			31,286.92		329.34	.074		453.43		24.40
ASSISTANT SURGEON	9	9			1,667.65		185.29	.007		185.29		1.30
ANESTHESIOLOGIST	40	262			6,740.82		25.73	.204		168.52		5.26
OUTPATIENT SURGERY	105	208			19,155.08		92.09	.162		182.43		14.94
PRINCIPAL SURGEON	103	133			16,484.32		123.94	.104		160.04		12.86
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	53	75			2,670.76		35.61	.059		50.39		2.08
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	140	457			3,256.89		7.13	.356		23.26		2.54
RADIOLOGY	129	148			9,111.35		61.56	.115		70.63		7.11
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	99	253			2,621.24		10.36	.197		26.48		2.04
OTHER SERVICES/ALL X-OVERS	68	154			2,416.54		15.69	.120		35.54		1.88
@PHARMACY	135	270	\$		6,129.37	\$	22.70	.211	Ġ	45.40	Ś	4.78
PRESCRIPTION DRUGS	131	256	Y		5,101.69	٧	19.93	.200	٧	38.94	٧	3.98
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	131	256			5,101.69		19.93	.200		38.94		3.98
MEDICAL SUPPLIES	12	14			1,027.68		73.41	.011		85.64		.80
@DENTIST	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS - DIAGNOSTIC	0	0	Ų		.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
	0	0						.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00					
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	U	0			.00		.00	.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES N	MON.I.H-OI	PAYMENI, KI	FLOK.I.	FOR JAN 20	JUS THRU	DEC	∠003	Р	AGE 2,210
MOP024	FEE-FOR-SERVICE/DENTA		g01767		G0DEG 3.55	70DE ~	D. D. D. D.	737				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES F	OK MINOR	CONSI	RN.I. ATD	CODES AID (CODES					a =	
							-	N	ION'T	HLY AVERA	GE	

						1-10) T A T	11111 111111111111111111111111111111111	.ОД	
1,282 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	10	49	\$ 1,355.30	\$	27.66	.038	\$	135.53	\$	1.06

NURSE MIDWIFE	1	3	\$	1,185.86	\$	395.29	.002	\$	1185.86	\$.93
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	r Ċ	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	171	823	Ċ Ċ	283,414.80	Ģ.	344.37			1657.40		221.07
	72		Ą		Ą			Ą	3750.68	Ą	210.65
HOSP INPATIENT TOTAL		246		270,048.64		1097.76	.192				
HSC HOSPITALS	59	169		196,816.01		1164.59	.132		3335.86		153.52
NON-HSC HOSPITAL TOTAL	14	77		73,232.63		951.07	.060		5230.90		57.12
ACCOMMODATIONS	14	77		48,633.11		631.60	.060		3473.79		37.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL TO CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	77		48,633.11		631.60	.060		3473.79		37.94
ANCTITADIEC	14	0		24,599.52		.00	.000		1757.11		19.19
ANCILLARIES INPATIENT CROSSOVERS	0	0				.00	.000		.00		.00
INPAILENI CROSSOVERS	0			.00							
ALL CIRER INPALLENT	U	0		.00		.00	.000		.00		.00
	111	577		13,366.16		23.16	.450		120.42		10.43
MEDICAL	10	12		362.36		30.20	.009		36.24		.28
SURGERY	18	25		745.51		29.82	.020		41.42		.58
PATHOLOGY	67	297		3,932.59		13.24	.232		58.70		3.07
RADIOLOGY	20	22		1,371.26		62.33	.017		68.56		1.07
ROOM USE	69	111		4,836.32		43.57	.087		70.09		3.77
CROSSOVERS/ALL OTH OUTPTNT	51	110		2,118.12		19.26	.086		41.53		1.65
@COUNTY HOSPITAL TOTAL	56		\$	114,200.41	Ġ	391.10		Ġ	2039.29	Ġ	89.08
		95	Ÿ		Ą	1139.80	.074	Ą	3383.77	Ą	84.46
CO HOSPITAL INPATIENT TOTAL	32			108,280.58							
HSC HOSPITALS		95		108,280.58		1139.80	.074		3383.77		84.46
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	24	197		5,919.83		30.05	.154		246.66		4.62
MEDICAL	3	3		25.66		8.55	.002		8.55		.02
SURGERY	14	20		603.32		30.17	.016		43.09		.47
PATHOLOGY	13	85		1,739.81		20.47	.066		133.83		1.36
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	15	41		2,325.81		56.73	.032		155.05		1.81
CROSSOVERS/ALL OTH OUTPTNT		48		1,225.23		25.53	.032		76.58		.96
		ES AND EXPENDITURE:	C MO		יתטתיו			שכ		Ъ	AGE 2,211
			S MO	NIH-OF-PAIMENI RI	EPUR	I FOR JAN 2	2003 IHRU I	したし	2003	Ρ.	
MOP024	FEE-FOR-SERVICE		AT CITIZEN	m arb dobed arb (CODE	7M 7D 7D	711				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR MINOR CO	NSEN	I AID CODES AID (CODE	5 /M /P /R		``		aп	
1 000 51 16151 56	Hanna						MC				
1,282 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		· ·			COST PER
		OR DAYS OF CARE	4.			R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116		\$	169,214.39	\$	318.67		Ş	1458.74	Ş	
COMM HOSP INPATIENT TOTAL	40	151		161,768.06		1071.31	.118		4044.20		126.18
HSC HOSPITALS	27	74		88,535.43		1196.42	.058		3279.09		69.06
NON-HSC HOSPITALS TOTAL	14	77		73,232.63		951.07	.060		5230.90		57.12
ACCOMMODATIONS	14	77		48,633.11		631.60	.060		3473.79		37.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	77		48,633.11		631.60	.060		3473.79		37.94
ANCILLARIES	14	0		24,599.52		.00	.000		1757.11		19.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	87	380		7,446.33			.296		85.59		.00
						19.60					5.81
MEDICAL	7	9		336.70		37.41	.007		48.10		.26
SURGERY	4	5		142.19		28.44	.004		35.55		.11
PATHOLOGY	54	212		2,192.78		10.34	.165		40.61		1.71

RADIOLOGY	20	22		1,371.26		62.33	.017		68.56		1.07
ROOM USE	54	70		2,510.51		35.86	.055		46.49		1.96
CROSSOVERS/ALL OTH OUTPTNT	35	62		892.89		14.40	.048		25.51		.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	172	416	\$	6,090.63	\$	14.64	.324	\$	35.41	\$	4.75
PATHOLOGY	172	416		6,090.63		14.64	.324		35.41		4.75
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	558	2,732	\$	229,019.03	\$	83.83	2.131	\$	410.43	\$	178.64
CLINIC	353	2,215		71,244.59		32.16	1.728		201.83		55.57
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	216	517		157,774.44		305.17	.403		730.44		123.07
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT R	REPORT	r for Jan	2003 THRU	DEC	2003	Ρź	AGE 2,212
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	VICES FOR MINOR	CONSE	NT AID CODES AID	CODES	5 7M 7P 7F					
							M	-		_	
1,282 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER

					MOIN	ILLLI AVEKAGI	E
1,282 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	50	69 \$	5,412.24	\$ 78.44	.054 \$	108.24	\$ 4.22
DURABLE MED. EQUIP.	2	2	293.30	146.65	.002	146.65	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	22	465.94	21.18	.017	93.19	.36
AMBULANCES/AIR TRANS	5	22	465.94	21.18	.017	93.19	.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	42	42	4,357.50	103.75	.033	103.75	3.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	295.50	98.50	.002	98.50	.23
PROSTHETICS	1	1	93.50	93.50	.001	93.50	.07
ORTHOTICS	2	2	202.00	101.00	.002	101.00	.16
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,213 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR EDWARDS CA	SES IN PA-FAMILIES	AID CODE	38		
					MON	THLY AVERAG	E
4,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
1,000 1110111111	OBERD	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,639	22,257 \$	1,668,896.09	\$ 74.98	5.435 \$		
@PHYSICIANS SERVICES	396	1,088 \$	56,764.10	\$ 52.17	.266 \$		
OUTPATIENT VISITS	273	328	14,296.87	43.59	.080	52.37	3.49
OFFICE VISITS	107	121	4,391.57	36.29	.030	41.04	1.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	139	154	8,184.31	53.14	.038	58.88	2.00
PREVENTIVE CARE	2	3	94.71	31.57	.001	47.36	.02
OB VISITS/COMPRE PERI	9	23	749.59	32.59	.006	83.29	.18
OTHER OUTPATIENT	25	27	876.69	32.47	.007	35.07	.21
	37	165	19,499.65			527.02	
INPATIENT VISITS				118.18	.040		4.76
HOSPITAL VISITS	26	57	2,543.71	44.63	.014	97.84	.62
CRITICAL CARE	14	108	16,955.94	157.00	.026	1211.14	4.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	157.76	52.59	.001	52.59	.04
EXAMINATIONS	3	3	157.76	52.59	.001	52.59	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	106	12,850.56	121.23	.026	558.72	3.14
PRINCIPAL SURGEON	16	21	9,682.80	461.09	.005	605.18	2.36
ASSISTANT SURGEON	1	1	389.04	389.04	.000	389.04	.10
	11	84					
ANESTHESIOLOGIST			2,778.72	33.08	.021	252.61	.68
OUTPATIENT SURGERY	35	65	4,518.61	69.52	.016	129.10	1.10
PRINCIPAL SURGEON	32	36	3,771.17	104.75	.009	117.85	.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	29	747.44	25.77	.007	83.05	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	50	156	893.33	5.73	.038	17.87	.22
RADIOLOGY	51	82	2,078.13	25.34	.020	40.75	.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	34	304.21	8.95	.008	21.73	.07
		-					
OTHER SERVICES/ALL X-OVERS	36	149	2,164.98	14.53	.036	60.14	.53
@PHARMACY	513	1,333 \$	62,606.13	\$ 46.97	.326 \$		
PRESCRIPTION DRUGS	507	1,086	61,579.79	56.70	.265	121.46	15.04
SNF/ICF	1	2	27.94	13.97	.000	27.94	.01
OUTPATIENTS	507	1,084	61,551.85	56.78	.265	121.40	15.03
MEDICAL SUPPLIES	12	247	1,026.34	4.16	.060	85.53	.25
@DENTIST	2,002	11,069 \$	354,782.29	\$ 32.05	2.703 \$	177.21	
VISITS - DIAGNOSTIC	1,424	7,163	91,984.19	12.84	1.749	64.60	22.46
ORAL SURGERY	317	693	46,902.00	67.68	.169	147.96	11.45
	77	90					
DRUGS			1,850.00	20.56	.022	24.03	.45
ANESTHESIA	17	18	1,600.00	88.89	.004	94.12	.39
PERIODONTICS	83	82	12,657.00	154.35	.020	152.49	3.09
ENDODONTICS	158	270	37,181.00	137.71	.066	235.32	9.08
RESTORATIVE DENTISTRY	764	2,390	138,638.75	58.01	.584	181.46	33.86
PROSTHETICS	12	12	310.00	25.83	.003	25.83	.08

DENTURES, STAYPLATES	51	176	13,443.00	76.38	.043	263.59	3.28
SPACE MAINTAINERS	8	8	911.00	113.88	.002	113.88	.22
MAXILLOFACIAL SERVICES	5	5	1,875.35	375.07	.001	375.07	.46
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	76	89	7,405.00	83.20	.022	97.43	1.81
ALL OTHER SERVICES	41	73	25.00	.34	.018	.61	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DEG	2003	PAGE 2,214
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR EDWARDS	CASES IN PA-FAMILIES	S AID CODE	38		
					MON'	THLY AVERA	GE
4,095 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	58	\$ 1,405.93	\$ 24.24	.014 \$	78.11	\$.34
DIAGNOSTIC AND ANC. PROCED	17	17	792.34	46.61	.004	46.61	.19
EYE APPLIANCES	13	41	613.59	14.97	.010	47.20	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

	_	_									
@CHIROPRACTOR	5	8	\$	133.76	\$	16.72	.002	\$	26.75	\$.03
VISITS	5	8		133.76		16.72	.002		26.75		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0		4		ė.			4		4	
@PODIATRIST	3	3	\$	165.40	\$	55.13	.001	Þ	55.13	Ş	.04
MEDICINE/INJECTIONS	3	3		165.40		55.13	.001		55.13		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0										
OTHER	Ü	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	22	Ś	401.23	\$	18.24	.005	\$	133.74	\$.10
NURSE MIDWIFE	0	0	d.	.00	\$.00	.000	\$.00	\$.00
	ŭ		ې ا								
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	276	1,070	ġ	269,661.00	\$	252.02	.261	\$	977.03	\$	65.85
			Y		Y			Y	6554.31	Y	
HOSP INPATIENT TOTAL	37	176		242,509.62		1377.90	.043				59.22
HSC HOSPITALS	31	147		200,380.09		1363.13	.036		6463.87		48.93
NON-HSC HOSPITAL TOTAL	8	29		42,129.53		1452.74	.007		5266.19		10.29
ACCOMMODATIONS	8	29		19,412.20		669.39	.007		2426.53		4.74
	0										
ADMINISTRATIVE DAYS	1	4		462.60		115.65	.001		462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	25		18,949.60		757.98	.006		2707.09		4.63
ANCILLARIES	8	0		22,717.33		.00	.000		2839.67		5.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	244	894		27,151.38		30.37	.218		111.28		6.63
	55	70		3,702.82		52.90	.017		67.32		.90
MEDICAL				3,702.02							
SURGERY	20	24		1,017.57		42.40	.006		50.88		.25
PATHOLOGY	79	316		3,506.84		11.10	.077		44.39		.86
RADIOLOGY	52	62		2,939.26		47.41	.015		56.52		.72
	197	232				35.21	.057		41.46		1.99
ROOM USE				8,168.24							
CROSSOVERS/ALL OTH OUTPTNT		190		7,816.65		41.14	.046		76.63		1.91
@COUNTY HOSPITAL TOTAL	19	118	\$	57,770.36	\$	489.58	.029	\$	3040.55	\$	14.11
CO HOSPITAL INPATIENT TOTAL		55	•	56,061.01	•	1019.29	.013		6229.00	•	13.69
	9	51									
HSC HOSPITALS	9			54,305.02		1064.80	.012		6033.89		13.26
NON-HSC HOSPITALS TOTAL	1	4		1,755.99		439.00	.001		1755.99		.43
ACCOMMODATIONS	1	4		462.60		115.65	.001		462.60		.11
ADMINISTRATIVE DAYS	1	4		462.60		115.65	.001		462.60		.11
	0	0									
TRANSITIONAL IP CARE	Ū			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,293.39		.00	.000		1293.39		.32
INPATIENT CROSSOVERS	Ω	0		.00		.00	.000		.00		.00
	0	0		.00		.00					
ALL OTHER INPATIENT	-						.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	63		1,709.35		27.13	.015		170.94		.42
MEDICAL	2	2		39.40		19.70	.000		19.70		.01
SURGERY	3	5		117.41		23.48	.001		39.14		.03
	5	28									
PATHOLOGY	0			374.16		13.36	.007		62.36		.09
RADIOLOGY	3	4		484.30		121.08	.001		161.43		.12
ROOM USE	8	11		509.87		46.35	.003		63.73		.12
CROSSOVERS/ALL OTH OUTPTNT	6	13		184.21		14.17	.003		30.70		.04
	~		a								
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MOI	NIH-OF-PAYMENI RI	EPOR	T FOR JAN 2	2003 THRU .	DEC	2003	P	AGE 2,215
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38				
00111111 000111 000111	Doining of Dair	7 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	01102	3 111 111 11111111111111111111111111111		1112 0022	M	חדת	מודע אזודטא	CE	
4 005 51 16151 56	Hanna										
4,095 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260		\$	211,890.64	\$	222.57	.232	Ś	814.96		51.74
	30	121	~	186,448.61	Y	1540.90	.030	~	6214.95	4	45.53
COMM HOSP INPATIENT TOTAL											
HSC HOSPITALS	23	96		146,075.07		1521.62	.023		6351.09		35.67
NON-HSC HOSPITALS TOTAL	7	25		40,373.54		1614.94	.006		5767.65		9.86
ACCOMMODATIONS	7	25		18,949.60		757.98	.006		2707.09		4.63
110001.II.10D111 TOMO	,	43		10,040.00		, , , , , , ,	.000		2101.09		1.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	25		18,949.60		757.98	.006		2707.09		4.63
ANCILLARIES	7	0		21,423.94		.00	.000		3060.56		5.23
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	234	831		25,442.03		30.62	.203		108.73		6.21
MEDICAL	53	68		3,663.42		53.87	.017		69.12		.89
SURGERY	17	19		900.16		47.38	.005		52.95		.22
PATHOLOGY	73	288		3,132.68		10.88	.070		42.91		.77
RADIOLOGY	49	58		2,454.96		42.33	.014		50.10		.60
ROOM USE	189	221		7,658.37		34.65	.054		40.52		1.87
CROSSOVERS/ALL OTH OUTPTNT	96	177		7,632.44		43.12	.043		79.50		1.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т.	.00	4	.00	.000	4	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	ĺ	\$	381.61	\$	381.61	.000	\$	381.61	\$.09
HOSPITAL BASED	0	0	τ	.00	τ	.00	.000	Τ.	.00	τ.	.00
HEMODIALYSIS CENTER	1	ĺ		381.61		381.61	.000		381.61		.09
@REHABILITATION FACILITY	9	96	\$	1,511.32	\$	15.74		\$	167.92	Ś	.37
HOSPITAL BASED	3	6	т	428.62	т	71.44	.001	Τ.	142.87	τ.	.10
INDEPENDENT FACILITY	6	90		1,082.70		12.03	.022		180.45		.26
@LABORATORY FACILITY	61	253	\$	3,579.77	\$	14.15	.062	Ġ	58.68	\$.87
PATHOLOGY	61	253	т	3,579.77	т	14.15	.062	Τ.	58.68	τ.	.87
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,080	4,363	\$	878,695.37	\$	201.40	1.065	Ś	285.29	\$	214.58
CLINIC	76	374	т	9,721.39	т	25.99	.091	Τ.	127.91	τ.	2.37
SURGICENTER	2	9		311.08		34.56	.002		155.54		.08
HEROIN DETOX CLINIC	2	35		378.25		10.81	.009		189.13		.09
RURAL HEALTH CLINIC	3,004	3,945		868,284.65		220.10	.963		289.04		212.04
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RE	EPORT			DEC		Р	AGE 2,216
MOP024	FEE-FOR-SERVICE										01/29/04
CONTRA COSTA COUNT			S CASI	ES IN PA-FAMILIES		AID CODE	38				
								IONT	HLY AVERA	GE	
4,095 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CAR			PER	UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	934	2,893	\$	38,808.18	\$	13.41	.706	\$	41.55	\$	9.48
DURABLE MED. EQUIP.	2	4		406.68		101.67	.001		203.34		.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	24	122		4,643.46		38.06	.030		193.48		1.13
AMBULANCES/AIR TRANS	23	118		2,823.62		23.93	.029		122.77		.69
OTHER TRANS	1	3		19.84		6.61	.001		19.84		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.44
ACUPUNCTURE	11	26		454.15		17.47	.006		41.29		.11
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	30	31		3,152.50		101.69	.008		105.08		.77
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	Ō	0		.00		.00	.000		.00		.00
	-	,									

OPTICIAN	236	505	4,584.81	9.08	.123	19.43	1.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	5	658.71	131.74	.001	658.71	.16
PROSTHETICS	1	5	658.71	131.74	.001	658.71	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	9	170.59	18.95	.002	85.30	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	630	2,191	24,737.28	11.29	.535	39.27	6.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	92	636	\$ 138,043.22	\$ 217.05	.155	\$ 1500.47	\$ 33.71
@XOVER EXCLUDING STATE HOSP**	3	16	\$ 471.78	\$ 29.49	.004	\$ 157.26	\$.12

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MON	THLY AVERAG	5比
1,725 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	778	8,956 \$	318,441.14	\$ 35.56	5.192 \$	409.31	
@PHYSICIANS SERVICES	227	1,110 \$	23,586.18	\$ 21.25	.643 \$	103.90	\$ 13.67
OUTPATIENT VISITS	176	230	10,421.16	45.31	.133	59.21	6.04
OFFICE VISITS	75	92	3,176.49	34.53	.053	42.35	1.84
HOME VISITS	2	2	111.30	55.65	.001	55.65	.06
EMERGENCY ROOM	97	126	6,683.95	53.05	.073	68.91	3.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.04
OTHER OUTPATIENT	9	9	388.94	43.22	.005	43.22	.23
INPATIENT VISITS	17	64	5,521.05	86.27	.037	324.77	3.20
HOSPITAL VISITS	15	48	2,642.62	55.05	.028	176.17	1.53
CRITICAL CARE	2	16	2,878.43	179.90	.009	1439.22	1.67
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	605	3,490.70	5.77	.351	581.78	2.02
PRINCIPAL SURGEON	4	6	2,598.31	433.05	.003	649.58	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	599	892.39	1.49	.347	297.46	.52
OUTPATIENT SURGERY	9	11	345.09	31.37	.006	38.34	.20
PRINCIPAL SURGEON	9	11	345.09	31.37	.006	38.34	.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	98	403.03	4.11	.057	20.15	.23
RADIOLOGY	48	70	2,237.22	31.96	.041	46.61	1.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.001	13.76	.01
OTHER SERVICES/ALL X-OVERS	21	31	1,154.17	37.23	.018	54.96	.67
@PHARMACY	482	1,919 \$	87,020.97	\$ 45.35	1.112 \$		
PRESCRIPTION DRUGS	480	1,402	85,197.27	60.77	.813	177.49	49.39
SNF/ICF	5	23	3,299.96	143.48	.013	659.99	1.91
OUTPATIENTS	475	1,379	81,897.31	59.39	.799	172.42	47.48

MEDICAL SUPPLIES	15	517		1,823.70		3.53	.300		121.58		1.06
@DENTIST	59	312	\$	11,044.75	\$	35.40	.181	\$	187.20	\$	6.40
VISITS - DIAGNOSTIC	34	177		2,226.50		12.58	.103		65.49		1.29
ORAL SURGERY	7	16		524.00		32.75	.009		74.86		.30
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		518.00		172.67	.002		172.67		.30
ENDODONTICS	2	3		1,135.00		378.33	.002		567.50		.66
RESTORATIVE DENTISTRY	27	85		4,911.25		57.78	.049		181.90		2.85
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	28		1,730.00		61.79	.016		247.14		1.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITUR	ES MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGI	E 2,218
MOP024	FEE-FOR-SERVICE/DENTA	AL								1	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES I	FOR SSI APP	EAL/NLDC I	N PA-DISABL	ED AI	D CODES 6	N 6P				

1,725 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .010 \$ 17 392.77 23.10 @OPTOMETRIST 49.10 \$.23 189.80 DIAGNOSTIC AND ANC. PROCED 47.45 .002 47.45 .11 13 202.97 15.61 40.59 EYE APPLIANCES .008 .12 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .001 \$ @CHIROPRACTOR 33.44 16.72 33.44 .02 33.44 16.72 .001 33.44 .02 VISITS OTHER SERVICES .00 .00 .000 .00 .00 1 @PODIATRIST 24.00 24.00 .001 24.00 .01 MEDICINE/INJECTIONS 24.00 24.00 .001 24.00 .01 SURGERY/ANES. 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST 64.70 \$ 64.70 .001 64.70 .04 .00 .00 .000 .00 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 111,646.32 137 657 169.93 .381 814.94 64.72 @TOTAL HOSPITAL HOSP INPATIENT TOTAL 12 57 97,895.18 1717.46 .033 8157.93 56.75 44 59,030.03 1341.59 6558.89 HSC HOSPITALS .026 34.22 2989.63 12955.05 NON-HSC HOSPITAL TOTAL 13 38,865.15 .008 22.53 ACCOMMODATIONS 13 7,231.98 556.31 .008 2410.66 4.19 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 13 7,231.98 556.31 .008 2410.66 ALL OTHER ACCOM 4.19 ANCILLARIES 0 31,633.17 .00 .000 10544.39 18.34 0 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 0 0 .00 .000 ALL OTHER INPATIENT .00 .00 .00 HOSP OUTPATIENT TOTAL 126 600 13,751.14 22.92 .348 109.14 7.97 MEDICAL 39 1,688.84 43.30 .023 70.37 .98 SURGERY 9 9 147.43 16.38 .005 16.38 .09 2,074.29 PATHOLOGY 36 225 9.22 .130 57.62 1.20 RADIOLOGY 52 2,557.16 49.18 .030 73.06 1.48 137 36.05 .079 45.73 ROOM USE 4,938.44 2.86 67 138 2,344.98 16.99 .080 35.00 1.36 CROSSOVERS/ALL OTH OUTPTNT 37 24,552.97 663.59 3069.12 @COUNTY HOSPITAL TOTAL .021 14.23 21 24,240.00 1154.29 .012 4848.00 14.05 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS 21 24,240.00 1154.29 .012 4848.00 14.05

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	16	312.97	19.56	.009	104.32		.18
MEDICAL	2	2	49.50	24.75	.001	24.75		.03
SURGERY	1	1	23.72	23.72	.001	23.72		.01
PATHOLOGY	1	8	106.62	13.33	.005	106.62		.06
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	3	3	105.18	35.06	.002	35.06		.06
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.95	13.98	.001	27.95		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	2,219

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR SSI APE	EAL/.	NLDC IN PA-DISABL	ED AI	ID CODES 61				aп	
1 70F BLIGIDIEG	USERS	INTEG OF CERTIFIC	,	EXPENDIBLIDED	7.7.7	IDAGE GOGE	M				COST PER
1,725 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER USER		ELIGIBLE
ACOMMINITENT HOURT HOURT	131	OR DAYS OF CARE	\$	07 002 25		R UNIT/DAY					50.49
@COMMUNITY HOSPITAL TOTAL	7	620	Ş	87,093.35	Ş	140.47	.359 .021		664.83	Þ	
COMM HOSP INPATIENT TOTAL	4	36 23		73,655.18		2045.98			10522.17 8697.51		42.70
HSC HOSPITALS	4	13		34,790.03		1512.61 2989.63	.013				20.17
NON-HSC HOSPITALS TOTAL	3	13		38,865.15		556.31	.008		12955.05		22.53 4.19
ACCOMMODATIONS	3	0		7,231.98			.008		2410.66		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U			.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	13		7,231.98		556.31	.008		2410.66		4.19
ANCILLARIES	3	0		31,633.17		.00	.000		10544.39		18.34
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 124	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL		584		13,438.17		23.01	.339		108.37		7.79
MEDICAL	22	37		1,639.34		44.31	.021		74.52		.95
SURGERY	8	8		123.71		15.46	.005		15.46		.07
PATHOLOGY	35	217		1,967.67		9.07	.126		56.22		1.14
RADIOLOGY	35	52		2,557.16		49.18	.030		73.06		1.48
ROOM USE	106	134		4,833.26		36.07	.078		45.60		2.80
CROSSOVERS/ALL OTH OUTPTNT		136		2,317.03		17.04	.079		35.11		1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	4	\$	70.28	\$	17.57	.002	\$	35.14	\$.04
HOSPITAL BASED	1	2		37.68		18.84	.001		37.68		.02
INDEPENDENT FACILITY	1	2		32.60		16.30	.001		32.60		.02
@LABORATORY FACILITY	22	89	\$	854.83	\$	9.60	.052	\$	38.86	\$.50
PATHOLOGY	22	89		854.83	•	9.60	.052		38.86		.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	210	330	\$	76,526.16	\$	231.90	.191	\$	364.41	\$	44.36
CLINIC	12	51	·	963.31	•	18.89	.030	·	80.28	•	.56
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	200	279		75,562.85		270.83	.162		377.81		43.80
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 2,220
MOP024	FEE-FOR-SERVICE						1000 11110		2005	-	01/29/04
CONTRA COSTA COUNT			EAL/	NLDC IN PA-DISABL	ED AT	D CODES 61	1 6P				, ->, -1
CONTIAL CODIII COOM	Bolling of Blick	TODO FOR BOT INT				ID CODES OF	M	ONT	HIY AVERA	GE	
1,725 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Δ1/1	ERAGE COST			COST PER		COST PER
1,.20 11101110	ODLIND	OR DAYS OF CARE		1111 111D 1 1 01(11)		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	73	4,514	\$	7,176.74	\$	1.59	2.617		98.31		4.16
DURABLE MED. EQUIP.	3	4,514	٧	339.13	Y	84.78	.002	Y	113.04	Y	.20
BLOOD BANK	0	0		.00		.00	.002		.00		.00
PHOOD DWIN	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	280		4,252.02	15.19	.162	137.16	2.46
AMBULANCES/AIR TRANS	31	280		4,252.02	15.19	.162	137.16	2.46
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	28		323.10	11.54	.016	26.93	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7		305.94	43.71	.004	152.97	.18
PROSTHETICS	1	6		137.94	22.99	.003	137.94	.08
ORTHOTICS	1	1		168.00	168.00	.001	168.00	.10
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	76		1,002.08	13.19	.044	52.74	.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	4,118		849.47	.21	2.387	169.89	.49
@CALIF. CHILDREN SERVICES*	23	153	\$	33,207.09	\$ 217.04	.089	\$ 1443.79	\$ 19.25
@XOVER EXCLUDING STATE HOSP**	11	45	\$	498.25	\$ 11.07	.026	\$ 45.30	\$.29
@* TOTATO IN TURCE IINEO ADE CIT	TEM AC A CEDARATE	TNEODMATION	TTEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,221 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SUMMARI OF SER	VICED FOR CRAIG CADE	S- AGED IN PA-AGED	AID CODE	, IE		
				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
836	47,250 \$	1,204,747.42	\$ 25.50	58.333	1441.09	\$ 1487.34
49	275 \$	2,670.42	\$ 9.71	.340	54.50	\$ 3.30
1	1	108.08	108.08	.001	108.08	.13
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	108.08	108.08	.001	108.08	.13
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	13	545.91	41.99	.016	272.96	.67
2	11	478.41	43.49	.014	239.21	.59
0	0	.00	.00	.000	.00	.00
2	2	67.50	33.75	.002	33.75	.08
1	1	57.79	57.79	.001	57.79	.07
1	1	57.79	57.79	.001	57.79	.07
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 836	USERS UNITS OF SERVICE OR DAYS OF CARE 836 47,250 \$	OR DAYS OF CARE 836	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST PER UNIT/DAY 836 47,250 \$ 1,204,747.42 \$ 25.50 \$ 2,670.42 \$ 9.71 1 1 108.08 108.08 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 1 108.08 108.08 0 0 .00 .00 1 1 108.08 108.08 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 13 545.91 41.99 2 11 478.41 43.49 0 0 .00 .00 2 2 67.50 33.75 1 1 57.79 57.79 1 1 57.79 57.79 0 0 .00 .00 0 0 .00 .00	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	31		56.13		1.81	.038		56.13		.07
RADIOLOGY	1	2		13.84		6.92	.002		13.84		.02
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	46	227		1,888.67		8.32	.280		41.06		2.33
@PHARMACY	719	9,763	\$	164,540.36	\$	16.85	12.053	\$	228.85	\$	203.14
PRESCRIPTION DRUGS	710	2,648		162,105.44		61.22	3.269		228.32		200.13
SNF/ICF	239	1,322		72,002.28		54.46	1.632		301.26		88.89
OUTPATIENTS	476	1,326		90,103.16		67.95	1.637		189.29		111.24
MEDICAL SUPPLIES	35	7,115		2,434.92		.34	8.784		69.57		3.01
@DENTIST	22	84	\$	3,965.00	\$	47.20	.104	\$	180.23	\$	4.90
VISITS - DIAGNOSTIC	18	53		720.00		13.58	.065		40.00		.89
ORAL SURGERY	3	4		270.00		67.50	.005		90.00		.33
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	17		970.00		57.06	.021		323.33		1.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	10		2,005.00		200.50	.012		401.00		2.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2	003	PI	AGE 2,222
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- AGED IN PA-AGED		AID CO					
							M	ONTHL	Y AVERA	GE -	

						M	Γ NO	HLY AVERA	GΕ	
810 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	29	\$ 473.56	\$	16.33	.036	\$	52.62	\$.58
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.001		47.45		.06
EYE APPLIANCES	7	26	421.05		16.19	.032		60.15		.52
OTHER OPTOMETRIC SERVICES	1	2	5.06		2.53	.002		5.06		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	44	61	\$ 180.55	\$	2.96	.075	\$	4.10	\$.22
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	44	61	180.55		2.96	.075		4.10		.22
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	249	\$ 25,895.58	\$	104.00	.307	\$	809.24	\$	31.97
HOSP INPATIENT TOTAL	13	83	23,687.41		285.39	.102		1822.11		29.24
HSC HOSPITALS	2	13	14,851.45		1142.42	.016		7425.73		18.34
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	70	8,835.96		126.23	.086		803.27		10.91
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	22	166	2,208.17	13.30	.205	100.37	2.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	166	2,208.17	13.30	.205	100.37	2.73
@COUNTY HOSPITAL TOTAL	1	6 \$	840.00	\$ 140.00	.007	840.00	\$ 1.04
CO HOSPITAL INPATIENT TOTAL	1	6	840.00	140.00	.007	840.00	1.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.007	840.00	1.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	EC 2003	PAGE 2,223
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FO	R CRAIG CASES	- AGED IN PA-AGED	AID COD			
						NTHLY AVERAC	
810 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	_	YS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	243 \$	25,055.58	\$ 103.11	.300 \$		\$ 30.93
COMM HOSP INPATIENT TOTAL	12	77	22,847.41	296.72	.095	1903.95	28.21
HSC HOSPITALS	2	13	14,851.45	1142.42	.016	7425.73	18.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

810 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	243	\$	25,055.58	\$ 103.11	.300	808.24	\$ 30.93
COMM HOSP INPATIENT TOTAL	12	77		22,847.41	296.72	.095	1903.95	28.21
HSC HOSPITALS	2	13		14,851.45	1142.42	.016	7425.73	18.34
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	64		7,995.96	124.94	.079	799.60	9.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	166		2,208.17	13.30	.205	100.37	2.73
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	22	166		2,208.17	13.30	.205	100.37	2.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	271	6,839	\$	933,380.87	\$ 136.48	8.443	3444.21	\$ 1152.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	271	6,839		933,380.87	136.48	8.443	3444.21	1152.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00

	.00
ICF DD 0 0 .00 .00 .00 .00	
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 15 16 \$ 8,218.64 \$ 513.67 .020 \$ 547.91 \$ 10	0.15
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 15 16 8,218.64 513.67 .020 547.91 10	0.15
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
XO AND OTHERS 0 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 35 41 \$ 6,086.06 \$ 148.44 .051 \$ 173.89 \$	7.51
CLINIC 2 3 60.96 20.32 .004 30.48	.08
SURGICENTER 1 2 140.80 70.40 .002 140.80	.17
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00

RURAL HEALTH CLINIC 32 36 5,884.30 163.45 .044 183.88 7.26 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,224 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

						MC	ONTHLY AVERA	GE
810 ELIGIBLES	USERS (JNITS OF SERVICE	I	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	125	29,893	\$	59,336.38	\$ 1.98	36.905	\$ 474.69	\$ 73.25
DURABLE MED. EQUIP.	9	95		6,885.79	72.48	.117	765.09	8.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		714.37	357.19	.002	357.19	.88
MEDICAL TRANSPORTATION	39	3,193		12,810.39	4.01	3.942	328.47	15.82
AMBULANCES/AIR TRANS	2	6		245.89	40.98	.007	122.95	.30
OTHER TRANS	35	3,169		12,489.34	3.94	3.912	356.84	15.42
OTHER SERVICES	3	18		75.16	4.18	.022	25.05	.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	137		9,474.89	69.16	.169	1184.36	11.70
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	15	32		390.03	12.19	.040	26.00	.48
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11		8.29	.75	.014	1.38	.01
PROSTHETIST/ORTHOTISTS	1	1		6.68	6.68	.001	6.68	.01
PROSTHETICS	1	1		6.68	6.68	.001	6.68	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8		826.08	103.26	.010	206.52	1.02
HOSPICE SERVICES	6	184		23,156.56	125.85	.227	3859.43	28.59
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	26,230		5,063.30	.19	32.383	115.08	6.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	162	9,909	\$	41,853.56	\$ 4.22	12.233	\$ 258.36	\$ 51.67
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARAT	TE INFORMATION I	TEM ONLY	;				
THE AMOUNTS ARE ALDEADY INCHI	זממג שעיד אד חשמ	דומיים שיימדם	TIMES ADO	バノビ				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,225
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

----- MONTHLY AVERAGE -----88 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 121 16,162 116,551.76 183.659 \$ 963.24 \$ 1324.45 @TOTAL, ALL PROVIDERS \$ 7.21 .602 \$ 171.66 \$ 21.46 @PHYSICIANS SERVICES 11 53 1,888.30 \$ 35.63 87.11 3 261.33 65.33 2.97 OUTPATIENT VISITS 4 .045 41.75 .00 108.08 .00 .00 69.75 .00 .00 41.75 .023 83.50 OFFICE VISITS 1 83.50 .95 0 .00 .000 .00 .00 HOME VISITS 1 108.08 108.08 108.08 1.23 EMERGENCY ROOM 1 .011 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .000 .00 .00 OTHER OUTPATIENT 1 1 69.75 .011 69.75 .79 .00 .000 .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS 0 0 .00 .000 .00 0 .00 .000 .00 .00 CRITICAL CARE 0 .00 .00 .000 Ω 0 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES 278.11 39.73 .080 139.06 3.16

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

T113 1/T13 TT 01/G	0	-		0.00 11		20 72	000		120 06		2 16
EXAMINATIONS	2	/		278.11		39.73	.080		139.06		3.16
SERVICES AND MATERIALS	U	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	U	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	4	12		1,033.12		86.09	.136		258.28		11.74
PATHOLOGY	1	22		48.54		2.21	.250		48.54		.55
RADIOLOGY	1	1		26.57		26.57	.011		26.57		.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	7		240.63		34.38	.080		48.13		2.73
@PHARMACY	104	5,552	\$	44,756.02	\$	8.06	63.091	\$	430.35	\$	508.59
PRESCRIPTION DRUGS	103	473	•	41,949.28	•	88.69	5.375		407.27	•	476.70
SNF/ICF	14	116		6,970.68		60.09	1.318		497.91		79.21
OUTPATIENTS	89	357		34,978.60		97.98	4.057		393.02		397.48
MEDICAL SUPPLIES	22	5,079		2,806.74		.55	57.716		127.58		31.89
@DENTIST	8	30	\$	693.00	\$	23.10	.341	Ś	86.63	Ś	7.88
VISITS - DIAGNOSTIC	6	21	Υ	328.00	Υ	15.62	.239	۲	54.67	~	3.73
ORAL SURGERY	1	1		85.00		85.00	.011		85.00		.97
DRUGS	1	1		.00		.00	.011		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.011		118.00		1.34
ENDODONTICS	0	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	0		162.00		40.50	.045		40.50		1.84
PROSTHETICS	4	4		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.023		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,226
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR CRAIG	CASES	- BLIND IN PA-BLIN	1D	AID CO					
							M				
00 ETTATRE	דוכודות בתודיו	C OF CEDITE		DADENID LUITO E C	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7	ים אמה מסמי	TINITUO /DAV	0 (ממת הבס	-	ממת שטטע

						1.1	OIVI	11111 111111111111111111111111111111111	ш	
88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$	14.28	.034	\$	42.85	\$.49
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	42.85		14.28	.034		42.85		.49
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$ 1.91	\$.38	.057	\$.64	\$.02
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	3	5	1.91		.38	.057		.64		.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	20	\$ 6,228.84	\$	311.44	.227	\$	1038.14	\$	70.78

HOSP INPATIENT TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83
ACCOMMODATIONS	1	3	2,378.97	792.99	.034	2378.97	27.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	2,378.97	792.99	.034	2378.97	27.03
ANCILLARIES	1	0	2,798.16	.00	.000	2798.16	31.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	17	1,051.71	61.87	.193	210.34	11.95
MEDICAL	1	3	187.38	62.46	.034	187.38	2.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	4	135.62	33.91	.045	33.91	1.54
CROSSOVERS/ALL OTH OUTPINT	3	10	728.71	72.87	.114	242.90	8.28
@COUNTY HOSPITAL TOTAL	1	1 \$	231.99	\$ 231.99	.011	\$ 231.99	\$ 2.64
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	231.99	231.99	.011	231.99	2.64
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	231.99	231.99	.011	231.99	2.64
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 2,227
MOP024	FEE-FOR-SERVICE/I						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	CES FOR CRAIG CASE	S- BLIND IN PA-BLI	ND AID COD	E 2E		
						NTHLY AVERA	
88 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	19 \$	5,996.85	\$ 315.62	.216	\$ 1199.37	\$ 68.15

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88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	19 \$	5,996.85	\$ 315.62	.216 \$	1199.37	\$ 68.15
COMM HOSP INPATIENT TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83
ACCOMMODATIONS	1	3	2,378.97	792.99	.034	2378.97	27.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	2,378.97	792.99	.034	2378.97	27.03
ANCILLARIES	1	0	2,798.16	.00	.000	2798.16	31.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	16	819.72	51.23	.182	204.93	9.32
MEDICAL	1	3	187.38	62.46	.034	187.38	2.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	4	135.62	33.91	.045	33.91	1.54
CROSSOVERS/ALL OTH OUTPTNT	2	9	496.72	55.19	.102	248.36	5.64
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	353	\$	43,958.46	\$	124.53	4.011	\$	4395.85	\$	499.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	353		43,958.46		124.53	4.011		4395.85		499.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	78	\$	2,176.14	\$	27.90	.886	\$	725.38	\$	24.73
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	78		2,176.14		27.90	.886		725.38		24.73
@REHABILITATION FACILITY	1	5	\$	185.32	\$	37.06	.057	\$	185.32	\$	2.11
HOSPITAL BASED	1	5		185.32		37.06	.057		185.32		2.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	21	\$	326.77	\$	15.56	.239	\$	108.92	\$	3.71
PATHOLOGY	3	21		326.77		15.56	.239		108.92		3.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	16	\$	- , -	\$	240.45	.182	\$	295.94	\$	43.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	16		3,847.20		240.45	.182		295.94		43.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MO	NTH-OF-PAYMENT REF	PORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,228
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIND)	AID COI					
							M	ONT	HLY AVERA	GE -	

					MON	THLY AVERA	j比
88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	10,026 \$	12,446.95	\$ 1.24	113.932 \$	622.35	\$ 141.44
DURABLE MED. EQUIP.	4	5	1,355.12	271.02	.057	338.78	15.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	366	1,462.16	3.99	4.159	365.54	16.62
AMBULANCES/AIR TRANS	3	6	258.41	43.07	.068	86.14	2.94
OTHER TRANS	1	360	1,203.75	3.34	4.091	1203.75	13.68
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	103	3,093.31	30.03	1.170	3093.31	35.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	75.18	15.04	.057	37.59	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	29	2,361.28	81.42	.330	472.26	26.83
PROSTHETICS	5	29	2,361.28	81.42	.330	472.26	26.83
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	156	1,017.00	6.52	1.773	203.40	11.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	9 12	9,362 1,752	\$	3,082.90 5,312.43	3 \$.33		\$		\$	35.03 60.37
@XOVER EXCLUDING STATE HOSP**	6	13	- Ş	297.56	5 \$	22.89	.148	\$	49.59	Ş	3.38
@* TOTALS IN THESE LINES ARE GIV				ONLY;							
THE AMOUNTS ARE ALREADY INCLU		-									
** THESE DATA ARE INCLUDED IN T	HE APPROPRIATE	DETAIL LINES	ABOVE								
#CALIF DEPT OF HEALTH SERV ME	DI-CAL SERVICES	S AND EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC	2003	P	AGE 2,229
MOP024 FE	E-FOR-SERVICE/I	DENTAL									01/29/04
CONTRA COSTA COUNT SU	MMARY OF SERVIC	CES FOR CRAIG	CASE	S- DISABLED IN PA	A-DISAE	BLED AID C	ODE 6E				
							MO	ONT:	HLY AVERA	GΕ	
2,818 ELIGIBLES	USERS (JNITS OF SERVI	CE	EXPENDITURES	S AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,111	120,873	\$	3,533,685.58	3 \$	29.23	42.893	\$	1135.87	\$	1253.97
@PHYSICIANS SERVICES	527	3,165	\$	107,936.65	5 \$	34.10	1.123	\$	204.81	\$	38.30
OUTPATIENT VISITS	266	391		18,676.10)	47.76	.139		70.21		6.63
OFFICE VISITS	109	154		5,068.69	9	32.91	.055		46.50		1.80

HOME VISITS	5	5		269.30	53.86	.002	53.8	6	.10
EMERGENCY ROOM	124	178		11,269.47	63.31	.063	90.8	8	4.00
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.8		.02
OB VISITS/COMPRE PERI	1	1		101.05	101.05	.000	101.0		.04
OTHER OUTPATIENT	44	52		1,912.76	36.78	.018	43.4		.68
INPATIENT VISITS	85	722		31,784.71	44.02	.256	373.9		11.28
HOSPITAL VISITS	69	657		27,803.65	42.32	.233	402.9		9.87
CRITICAL CARE	10	22		2,667.56	121.25	.008	266.7		.95
SNF/ICF/TRANS IP CARE	17	43		1,313.50	30.55	.015	77.2		.47
OPHTHALMOLOGICAL SERVICES	11	11		426.15	38.74	.004	38.7		.15
EXAMINATIONS	11	11		426.15	38.74	.004	38.7		.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	28	274		15,727.07	57.40	.097	561.6		5.58
PRINCIPAL SURGEON	19	40		10,866.98	271.67	.014	571.9		3.86
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.0		.04
ANESTHESIOLOGIST	12	233		4,742.07	20.35	.083	395.1		1.68
OUTPATIENT SURGERY	35	84		6,938.34	82.60	.030	198.2		2.46
PRINCIPAL SURGEON	28	33		5,221.26	158.22	.012	186.4		1.85
ASSISTANT SURGEON	0	0		.00	.00	.000	100.4		.00
ANESTHESIOLOGIST	10	51		1,717.08	33.67	.018	171.7		.61
DIALYSIS	20	106		5,587.26	52.71	.038	279.3		1.98
PATHOLOGY	69	508		3,622.73	7.13	.180	52.5		1.29
RADIOLOGY	106	341		10,857.03	31.84	.121	102.4		3.85
PSYCHIATRY	0	0		.00	.00	.000	.0		.00
IMMUNIZATION AND INJECTION	8	200		2,878.81	14.39	.071	359.8		1.02
	225								4.06
OTHER SERVICES/ALL X-OVERS	2 2 2 7	528		11,438.45	21.66	.187	50.8		
@PHARMACY	2,367 2,327	19,564 \$	•	951,696.09	\$ 48.65	6.943			•
PRESCRIPTION DRUGS	2,32/	9,906		812,851.37	82.06	3.515	349.3		288.45
SNF/ICF	422	2,918		189,086.24	64.80	1.035	448.0		67.10
OUTPATIENTS	1,928	6,988		623,765.13	89.26	2.480	323.5		221.35
MEDICAL SUPPLIES	204	9,658		138,844.72	14.38	3.427	680.6		49.27
@DENTIST	188	912 \$,	30,380.00	\$ 33.31	.324			
VISITS - DIAGNOSTIC	137	530		6,703.00	12.65	.188	48.9		2.38
ORAL SURGERY	33	85		5,050.00	59.41	.030	153.0		1.79
DRUGS	1	1		25.00	25.00	.000	25.0		.01
ANESTHESIA	3	3		300.00	100.00	.001	100.0		.11
PERIODONTICS	20	20		2,442.00	122.10	.007	122.1		.87
ENDODONTICS	7	11		2,426.00	220.55	.004	346.5		.86
RESTORATIVE DENTISTRY	49	171		9,464.00	55.35	.061	193.1		3.36
PROSTHETICS	1	1		30.00	30.00	.000	30.0		.01
DENTURES, STAYPLATES	18	76		3,940.00	51.84	.027	218.8		1.40
SPACE MAINTAINERS	0	0		.00	.00	.000	.0		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.0		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.0		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.0		.00
ALL OTHER SERVICES	7	14		.00	.00	.005	.0	0	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MC	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003		PAGE 2,230
MOP024	FEE-FOR-SERVICE								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR CRAIG CAS	ES-	- DISABLED IN PA-I	DISABLED AID C				
						MC			
2,818 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
	4.0	11/1		2 226 15	ė 20 40	040	C FO 1	1 (. 02

@OPTOMETRIST 40 114 2,336.15 20.49 .040 \$ 58.40 \$.83 DIAGNOSTIC AND ANC. PROCED 18 .29 18 829.24 46.07 .006 46.07 EYE APPLIANCES 30 94 1,503.56 16.00 .033 50.12 .53 2 7 OTHER OPTOMETRIC SERVICES 1 3.35 .001 3.35 .00 1.68 5 @CHIROPRACTOR \$ 117.04 \$ 16.72 .002 \$ 23.41 \$.04 7 VISITS 5 117.04 16.72 .002 23.41 .04 0 OTHER SERVICES 0 .00 .000 .00 .00 .00 @PODIATRIST 72 126 \$ 1,222.08 9.70 .045 \$ 16.97 \$.43 \$

MEDICINE/INJECTIONS	7	8	277.60	34.70	.003	39.66		.10
SURGERY/ANES.	2	2	26.00	13.00	.001	13.00		.01
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30		.01
OTHER	63	115	901.18	7.84	.041	14.30		.32
@HOME HEALTH AGENCY	5	214 \$	7,183.31	\$ 33.57	.076 \$	1436.66	\$	2.55
NURSE ANESTHESIST	2	5 \$	157.49	\$ 31.50	.002 \$	78.75	Ś	.06
NURSE MIDWIFE	0	5 \$ 0 \$ 0 \$.00	\$.00	.000 \$		Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		Š	.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	368	2,475 \$	622,928.60	\$ 251.69		1692.74		221.05
HOSP INPATIENT TOTAL	67	470	579,132.98	1232.20	.167	8643.78	Y	205.51
HSC HOSPITALS	39	393	490,906.00	1249.12	.139	12587.33		174.20
NON-HSC HOSPITAL TOTAL	13	52	74,904.45	1440.47	.018	5761.88		26.58
	13	52		401.94	.018	1607.74		7.42
ACCOMMODATIONS	2		20,900.62			462.60		
ADMINISTRATIVE DAYS	0	4 0	925.20	231.30	.001			.33
TRANSITIONAL IP CARE			.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	48	19,975.42	416.15	.017	1815.95		7.09
ANCILLARIES	13	0	54,003.83	.00	.000	4154.14		19.16
INPATIENT CROSSOVERS	16	25	13,322.53	532.90	.009	832.66		4.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	318	2,005	43,795.62	21.84	.711	137.72		15.54
MEDICAL	58	85	4,005.87	47.13	.030	69.07		1.42
SURGERY	29	37	1,389.44	37.55	.013	47.91		.49
PATHOLOGY	89	667	7,833.91	11.74	.237	88.02		2.78
RADIOLOGY	52	75	4,756.40	63.42	.027	91.47		1.69
ROOM USE	162	282	10,880.93	38.58	.100	67.17		3.86
CROSSOVERS/ALL OTH OUTPTNT		859	14,929.07	17.38	.305	74.27		5.30
@COUNTY HOSPITAL TOTAL	44	261 \$	135,770.90	\$ 520.20	.093 \$	3085.70	\$	48.18
CO HOSPITAL INPATIENT TOTAL	22	112	130,720.00	1167.14	.040	5941.82		46.39
HSC HOSPITALS	16	110	125,680.00	1142.55	.039	7855.00		44.60
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	6	2	5,040.00	2520.00	.001	840.00		1.79
ALL OTHER INPATIENT	Ō	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	23	149	5,050.90	33.90	.053	219.60		1.79
MEDICAL	5	6	145.47	24.25	.002	29.09		.05
SURGERY	10	17	275.78	16.22	.006	27.58		.10
PATHOLOGY	9	46	671.68	14.60	.016	74.63		.24
RADIOLOGY	2	3	373.92	124.64	.001	186.96		.13
ROOM USE	13	32	1,340.26	41.88	.011	103.10		. 48
CROSSOVERS/ALL OTH OUTPTNT		45	2,243.79	49.86	.016	140.24		.80
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I					D.	.60 AGE 2,231
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT R.	EPORT FOR UAN 2	UUS IRKU DE	L 2003	PI	01/29/04
		•	T DICADIED IN DA	DICABLED AID COL	ספ כפ			01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	CICES FOR CRAIG CASES	S- DISABLED IN PA-			100111 37 3 3 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1	απ	
2 010 ELIGIBLES	HOEDO	IDNITURE OF CERTICE			MON			
2,818 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST I				COST PER
OCOMMINITEN HOCDIERI ECERT	200	OR DAYS OF CARE	407 157 70	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	329	2,214 \$	487,157.70	\$ 220.04		1480.72	Ş	172.87
COMM HOSP INPATIENT TOTAL	45	358	448,412.98	1252.55	.127	9964.73		159.12

HSC HOSPITALS 15879.39 129.60 23 283 365,226.00 1290.55 .100 NON-HSC HOSPITALS TOTAL 13 52 74,904.45 1440.47 .018 5761.88 26.58 13 52 20,900.62 401.94 1607.74 7.42 ACCOMMODATIONS .018 ADMINISTRATIVE DAYS 2 4 925.20 231.30 .001 462.60 .33 .00 .00 19,975.42 TRANSITIONAL IP CARE 0 0 .00 .000 .00 ALL OTHER ACCOM 11 48 416.15 .017 1815.95 ANCILLARIES 13 0 54,003.83 .00 .000 4154.14 19.16

INPATIENT CROSSOVERS	10	23		8,282.53		360.11	.008		828.25		2.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	297	1,856		38,744.72		20.88	.659		130.45		13.75
MEDICAL	53	79		3,860.40		48.87	.028		72.84		1.37
SURGERY	19	20		1,113.66		55.68	.007		58.61		.40
PATHOLOGY	81	621		7,162.23		11.53	.220		88.42		2.54
RADIOLOGY	50	72		4,382.48		60.87	.026		87.65		1.56
ROOM USE	149	250		9,540.67		38.16	.089		64.03		3.39
CROSSOVERS/ALL OTH OUTPTNT		814		12,685.28		15.58	.289		68.20		4.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	Ö	Y	.00	٧	.00	.000	٧	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	310	8,244	Ś		\$	153.96	2.925	Ś	4094.45	Ś	450.42
LEV A-INTERMEDIATE	4	214	Y	18,708.92	٧	87.42	.076	٧	4677.23	۲	6.64
LEV B-REHAB MD	13	490		64,931.32		132.51	.174		4994.72		23.04
LEV B-SUBACUTE FREESTANDING	1	2		723.76		361.88	.001		723.76		.26
LEV B-SUBACUTE HSPTL BASED	16	490		224,567.37		458.30	.174		14035.46		79.69
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	276	7,048		960,349.15		136.26	2.501		3479.53		340.79
@INTERMEDIATE CARE FACILDD	41	1,061	\$	167,977.27	Ś	158.32	.377	\$		\$	59.61
ICF DDH	25	731	т	108,274.57	4	148.12	.259	т.	4330.98	т	38.42
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	16	330		59,702.70		180.92	.117		3731.42		21.19
@HEMODIALYSIS TOTAL	31	1,251	\$	32,073.29	\$	25.64	.444	\$	1034.62	\$	11.38
HOSPITAL BASED	0	. 0	·	.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	31	1,251		32,073.29		25.64	.444		1034.62		11.38
@REHABILITATION FACILITY	4	98	\$	1,451.49	\$	14.81	.035	\$	362.87	\$.52
HOSPITAL BASED	2	2	·	148.08	•	74.04	.001		74.04		.05
INDEPENDENT FACILITY	2	96		1,303.41		13.58	.034		651.71		.46
@LABORATORY FACILITY	61	317	\$	4,611.60	\$	14.55	.112	\$	75.60	\$	1.64
PATHOLOGY	61	316		4,585.62		14.51	.112		75.17		1.63
XO AND OTHERS	1	1		25.98		25.98	.000		25.98		.01
@ORGANIZED OUTPATIENT CLINIC	540	843	\$	210,383.53	\$	249.57	.299	\$	389.60	\$	74.66
CLINIC	14	46		1,654.71		35.97	.016		118.19		.59
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	529	797		208,728.82		261.89	.283		394.57		74.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,232
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES	FOR CRAIG	CASES-	DISABLED IN PA-I	DISAE	BLED AID (CODE 6E				

2,818 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	471	82,477	\$ 123,950.47	\$ 1.50	29.268	\$ 263.16	\$ 43.99
DURABLE MED. EQUIP.	52	379	27,318.30	72.08	.134	525.35	9.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	138	4,896	31,535.54	6.44	1.737	228.52	11.19
AMBULANCES/AIR TRANS	87	924	15,701.66	16.99	.328	180.48	5.57
OTHER TRANS	50	3,960	15,770.97	3.98	1.405	315.42	5.60
OTHER SERVICES	3	12	62.91	5.24	.004	20.97	.02
ACUPUNCTURE	2	5	81.10	16.22	.002	40.55	.03
ADULT DAY HEALTH CARE CTR	8	93	6,426.50	69.10	.033	803.31	2.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	66	168	1,991.55	11.85	.060	30.18	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	111.11	9.26	.004	15.87	.04
PROSTHETIST/ORTHOTISTS	5	11	512.43	46.58	.004	102.49	.18

PROSTHETICS	5	11	512.43	46.58	.004	102.49	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	12	206.99	17.25	.004	41.40	.07
SPEECH AND AUDIOLOGY	19	36	1,536.48	42.68	.013	80.87	.55
HOSPICE SERVICES	7	245	33,297.97	135.91	.087	4756.85	11.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	65	710	8,114.32	11.43	.252	124.84	2.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	129	75,909	12,793.18	.17	26.937	99.17	4.54
@CALIF. CHILDREN SERVICES*	102	899	\$ 236,324.20	\$ 262.87	.319	\$ 2316.90	\$ 83.86
@XOVER EXCLUDING STATE HOSP**	354	6,346	\$ 59,575.74	\$ 9.39	2.252	\$ 168.29	\$ 21.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,233

01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

CONTRA COSTA COUNT	SUMMAKI OF SEK	VICES FOR CRAIG CA	CHC.	IOIAL IN FA-IOIA	-7TT	MON	THIY AVERA	GE	
3,716 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
3,710 22101222	0,021,0	OR DAYS OF CARE		2111 2112 1 01120	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,068	184,285	\$	4,854,984.76	\$ 26.34	49.592 \$			1306.51
@PHYSICIANS SERVICES	587	3,493	Š	112,495.37	\$ 32.21	.940 \$			30.27
OUTPATIENT VISITS	270	396	•	19,045.51	48.09	.107	70.54	•	5.13
OFFICE VISITS	110	156		5,152.19	33.03	.042	46.84		1.39
HOME VISITS	5	5		269.30	53.86	.001	53.86		.07
EMERGENCY ROOM	126	180		11,485.63	63.81	.048	91.16		3.09
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.83		.01
OB VISITS/COMPRE PERI	1	1		101.05	101.05	.000	101.05		.03
OTHER OUTPATIENT	45	53		1,982.51	37.41	.014	44.06		.53
INPATIENT VISITS	87	735		32,330.62	43.99	.198	371.62		8.70
HOSPITAL VISITS	71	668		28,282.06	42.34	.180	398.34		7.61
CRITICAL CARE	10	22		2,667.56	121.25	.006	266.76		.72
SNF/ICF/TRANS IP CARE	19	45		1,381.00	30.69	.012	72.68		.37
OPHTHALMOLOGICAL SERVICES	14	19		762.05	40.11	.005	54.43		.21
EXAMINATIONS	14	19		762.05	40.11	.005	54.43		.21
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	28	274		15,727.07	57.40	.074	561.68		4.23
PRINCIPAL SURGEON	19	40		10,866.98	271.67	.011	571.95		2.92
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02		.03
ANESTHESIOLOGIST	12	233		4,742.07	20.35	.063	395.17		1.28
OUTPATIENT SURGERY	35	84		6,938.34	82.60	.023	198.24		1.87
PRINCIPAL SURGEON	28	33		5,221.26	158.22	.009	186.47		1.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	10	51		1,717.08	33.67	.014	171.71		.46
DIALYSIS	24	118		6,620.38	56.10	.032	275.85		1.78
PATHOLOGY	71	561		3,727.40	6.64	.151	52.50		1.00
RADIOLOGY	108	344		10,897.44	31.68	.093	100.90		2.93
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	200		2,878.81	14.39	.054	359.85		. 77
OTHER SERVICES/ALL X-OVERS	276	762	4.	13,567.75	17.81	.205	49.16		3.65
@PHARMACY	3,190	34,879	\$		\$ 33.29	9.386 \$		Ş	312.43
PRESCRIPTION DRUGS	3,140	13,027		1,016,906.09	78.06	3.506	323.86		273.66
SNF/ICF	675	4,356		268,059.20	61.54	1.172	397.12		72.14
OUTPATIENTS	2,493	8,671		748,846.89	86.36	2.333	300.38		201.52
MEDICAL SUPPLIES	261	21,852		144,086.38	6.59	5.881	552.06		38.77
@DENTIST	218	1,026	\$		\$ 34.15	.276 \$		Ş	9.43
VISITS - DIAGNOSTIC	161	604		7,751.00	12.83	.163	48.14		2.09
ORAL SURGERY	37	90		5,405.00	60.06	.024	146.08		1.45

2	2	25.00	12.50	.001	12.50	.01
3	3	300.00	100.00	.001	100.00	.08
21	21	2,560.00	121.90	.006	121.90	.69
7	11	2,426.00	220.55	.003	346.57	.65
56	192	10,596.00	55.19	.052	189.21	2.85
1	1	30.00	30.00	.000	30.00	.01
23	86	5,945.00	69.13	.023	258.48	1.60
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
8	16	.00	.00	.004	.00	.00
MEDI-CAL SERVICES AN	D EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,234
FEE-FOR-SERVICE/DENT	'AL					01/29/04
SUMMARY OF SERVICES	FOR CRAIG CASES	- TOTAL IN PA-TOTAL				
	1 23 0 0 0 0 8 MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT	1 1 23 86 0 0 0 0 0 0 0 0 0 0 0 0 0 0 8 16 MEDI-CAL SERVICES AND EXPENDITURES M FEE-FOR-SERVICE/DENTAL	3 3 300.00 21 21 21 2,560.00 7 11 2,426.00 56 192 10,596.00 1 1 1 30.00 23 86 5,945.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0.00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	3 3 300.00 100.00 21 21 21 2,560.00 121.90 7 11 2,426.00 220.55 56 192 10,596.00 55.19 1 1 1 30.00 30.00 23 86 5,945.00 69.13 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	3 3 300.00 100.00 .001 21 21 21 2,560.00 121.90 .006 7 11 2,426.00 220.55 .003 56 192 10,596.00 55.19 .052 1 1 1 30.00 30.00 .000 23 86 5,945.00 69.13 .023 0 0 0 .00 .00 .00 .00 0 0 0 .00 .00 .00	3 3 300.00 100.00 .001 100.00 21 100.00 21 21 2,560.00 121.90 .006 121.90 7 11 2,426.00 220.55 .003 346.57 56 192 10,596.00 55.19 .052 189.21 1 30.00 30.00 .000 30.00 23 258.48 0 23 86 5,945.00 69.13 .023 258.48 0 0 0 0 .00 .00 .00 .000 .000 .000

3,716 ELIGIBLES		ITS OF SERVICE R DAYS OF CARE	EXI	PENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	50	146	5	2,852.56	\$ 19.54	.039 \$		\$.77
DIAGNOSTIC AND ANC. PROCED	19	19		876.69	46.14	.005	46.14		.24
EYE APPLIANCES	38	123		1,967.46	16.00	.033	51.78		.53
OTHER OPTOMETRIC SERVICES	2	4		8.41	2.10	.001	4.21		.00
@CHIROPRACTOR	5		\$	117.04	\$ 16.72	.002 \$		\$.03
VISITS	5	7		117.04	16.72	.002	23.41		.03
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	119	192	5	1,404.54	\$ 7.32	.052 \$		\$.38
MEDICINE/INJECTIONS	7	8		277.60	34.70	.002	39.66	•	.07
SURGERY/ANES.	2	2		26.00	13.00	.001	13.00		.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30		.00
OTHER	110	181		1,083.64	5.99	.049	9.85		.29
@HOME HEALTH AGENCY	5	214	5	7,183.31	\$ 33.57	.058 \$		\$	1.93
NURSE ANESTHESIST	2	5	5	157.49	\$ 31.50	.001 \$		\$.04
NURSE MIDWIFE	0	0	5	.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	406	2,744	5	655,053.02	\$ 238.72	.738 \$		\$	176.28
HOSP INPATIENT TOTAL	81	556		607,997.52	1093.52	.150	7506.14	•	163.62
HSC HOSPITALS	41	406		505,757.45	1245.71	.109	12335.55		136.10
NON-HSC HOSPITAL TOTAL	14	55		80,081.58	1456.03	.015	5720.11		21.55
ACCOMMODATIONS	14	55		23,279.59	423.27	.015	1662.83		6.26
ADMINISTRATIVE DAYS	2	4		925.20	231.30	.001	462.60		. 25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	12	51		22,354.39	438.32	.014	1862.87		6.02
ANCILLARIES	14	0		56,801.99	.00	.000	4057.29		15.29
INPATIENT CROSSOVERS	27	95		22,158.49	233.25	.026	820.68		5.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	345	2,188		47,055.50	21.51	.589	136.39		12.66
MEDICAL	59	88		4,193.25	47.65	.024	71.07		1.13
SURGERY	29	37		1,389.44	37.55	.010	47.91		.37
PATHOLOGY	89	667		7,833.91	11.74	.179	88.02		2.11
RADIOLOGY	52	75		4,756.40	63.42	.020	91.47		1.28
ROOM USE	166	286		11,016.55	38.52	.077	66.36		2.96
CROSSOVERS/ALL OTH OUTPTNT	226	1,035		17,865.95	17.26	.279	79.05		4.81
@COUNTY HOSPITAL TOTAL	46	268 \$		136,842.89	\$ 510.61	.072 \$		\$	36.83
CO HOSPITAL INPATIENT TOTAL	23	118		131,560.00	1114.92	.032	5720.00		35.40
HSC HOSPITALS	16	110	:	125,680.00	1142.55	.030	7855.00		33.82
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	7	8		5,880.00	735.00	.002	840.00		1.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	24	150		5,282.89	35.22	.040	220.12		1.42
MEDICAL	5	6		145.47	24.25	.002	29.09		.04
SURGERY	10	17		275.78	16.22	.005	27.58		.07
PATHOLOGY	9	46		671.68	14.60	.012	74.63		.18
RADIOLOGY	2	3		373.92	124.64	.001	186.96		.10
ROOM USE	13	32		1,340.26	41.88	.009	103.10		. 36
CROSSOVERS/ALL OTH OUTPTNT	17	46		2,475.78	53.82	.012	145.63		.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MONTH-O	F-PAYMENT RE	PORT FOR JAN 2	UU3 THRU DE	C 2003	P	AGE 2,235
MOP024	FEE-FOR-SERVICE/DE		700	D	-				01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICE	5 FOR CRAIG CAS	ъъS- TOTAI	г ти БУ-ДОДУ		MON	ערים אווייין ע זוייין	CF	
						 IVI() \	тттт АУБКА	ATE: "	

					DEL		DED ELIC		HCED		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	365	OR DAYS OF CARE 2,476	, \$	518,210.13	\$	209.29	PER ELIG		USER 1419.75		139.45
COMM HOOD TNDATTENT TOTAL	FO	438	Ą	476,437.52		1087.76	.118	Ą	8214.44	Ą	128.21
COMM HOSP INPATIENT TOTAL	25 14 14 2 0 12 14	436 296							15203.10		102.28
HSC HOSPITALS	∠5 1.4			380,077.45		1284.05	.080				
NON-HSC HOSPITALS TOTAL	14	55		80,081.58		1456.03	.015		5720.11		21.55
ACCOMMODATIONS	14	55		23,279.59		423.27	.015		1662.83		6.26
ADMINISTRATIVE DAYS	2	4		925.20		231.30	.001		462.60		.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	51		22,354.39		438.32	.014		1862.87		6.02
ANCILLARIES	14	0		56,801.99		.00	.000		4057.29		15.29
INPATIENT CROSSOVERS	20	87		16,278.49		187.11	.023		813.92		4.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	323	2,038		41,772.61		20.50	.548		129.33		11.24
MEDICAL	54	82		4,047.78		49.36	.022		74.96		1.09
SURGERY	19	20		1,113.66		55.68	.005		58.61		.30
PATHOLOGY	81	621		7,162.23		11.53	.167		88.42		1.93
RADIOLOGY	50	72		4,382.48		60.87	.019		87.65		1.18
ROOM USE	153	254		9,676.29		38.10	.068		63.24		2.60
CROSSOVERS/ALL OTH OUTPTNT		989		15,390.17		15.56	.266		73.29		4.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	ė.	.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0				.00	.000		.00		.00
	591		4	.00	4		4.154	ė.		ė.	
@NURSING FACILITY		15,436	\$	2,246,619.85	\$	145.54		Ş		Ş	604.58
LEV A-INTERMEDIATE	4	214		18,708.92		87.42	.058		4677.23		5.03
LEV B-REHAB MD	13	490		64,931.32		132.51	.132		4994.72		17.47
LEV B-SUBACUTE FREESTANDING	1	2		723.76		361.88	.001		723.76		.19
LEV B-SUBACUTE HSPTL BASED	16	490		224,567.37		458.30	.132		14035.46		60.43
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	557	14,240		1,937,688.48		136.07	3.832		3478.79		521.44
@INTERMEDIATE CARE FACILDD	41	1,061	\$	167,977.27	\$	158.32		\$	4097.01	\$	45.20
ICF DDH	1 16 0 557 41 25 0 16 49 0 49 5 3 2 64	731		108,274.57		148.12	.197		4330.98		29.14
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	16	330		59,702.70		180.92	.089		3731.42		16.07
@HEMODIALYSIS TOTAL	49	1,345	\$	42,468.07	\$	31.57	.362	\$	866.70	\$	11.43
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	49	1,345		42,468.07		31.57	.362		866.70		11.43
@REHABILITATION FACILITY	5	103	\$	1,636.81	\$	15.89	.028	\$	327.36	\$.44
HOSPITAL BASED	3	7		333.40		47.63	.002		111.13		.09
INDEPENDENT FACILITY	2	96		1,303.41		13.58	.026		651.71		.35
@LABORATORY FACILITY	64	338	\$	4,938.37	\$	14.61	.091	\$	77.16	\$	1.33
PATHOLOGY	64	337	•	4,912.39		14.58	.091		76.76		1.32
XO AND OTHERS	1	1		25.98		25.98	.000		25.98		.01
@ORGANIZED OUTPATIENT CLINIC	588	900	\$	220,316.79	\$	244.80	.242	Ś	374.69	Ś	59.29
CLINIC	16	49	Υ	1,715.67	т	35.01	.013	Ψ.	107.23	Ψ.	.46
SURGICENTER	1	2		140.80		70.40	.001		140.80		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	574	849		218,460.32		257.31	.228		380.59		58.79
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	FC M		יםחסקי			חדכ		D	AGE 2,236
MOP024	FEE-FOR-SERVICE		ויו טבו.	ONIII OF FAIMENT N	CEF OICE	I FOR UAN	2005 11110	טפכ	2003	Ε.	01/29/04
CONTRA COSTA COUNT		ICES FOR CRAIG C	יאכביכ	TOTAL IN DATO	דתי						01/25/04
CONTRA COSTA COUNT	SUMMARI OF SERV	ICES FOR CRAIG C	.Аоцо	- IOIAL IN PA-IOI	.АЦ		M		מודע אזזדיםא	CF	
3,716 ELIGIBLES	USERS	INITTO OF CEDITOR		PYDENDTTTIDEC	7,7,7	PROF COST	UNITS/DAY				
3,/IO ELIGIBLES	CNACO	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			PER ELIG		USER		COST PER ELIGIBLE
WALL OARD DDOMIDEDG	616			105 722 00					317.75		52.67
@ALL OTHER PROVIDERS	616	122,396	\$	195,733.80	\$	1.60	32.938	Ą		Ą	
DURABLE MED. EQUIP.	65	479		35,559.21		74.24	.129		547.06		9.57
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		739.37		246.46	.001		246.46		.20
MEDICAL TRANSPORTATION	181	8,455		45,808.09		5.42	2.275		253.08		12.33
AMBULANCES/AIR TRANS	92	936		16,205.96		17.31	.252		176.15		4.36
OTHER TRANS	86	7,489		29,464.06		3.93	2.015		342.61		7.93

OTHER SERVICES	6	30	138.07	4.6	.008	23.01	.04
ACUPUNCTURE	2	5	81.10	16.2	.001	40.55	.02
ADULT DAY HEALTH CARE CTR	16	230	15,901.39	69.1	.062	993.84	4.28
GENETIC DISEASE TESTING	0	0	.00	.0	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	103	3,093.31	30.0	.028	3093.31	.83
OCCUPATIONAL THERAPIST	0	0	.00	.0	.000	.00	.00
OPTICIAN	83	205	2,456.76	11.9	.055	29.60	.66
PHYSICAL THERAPIST	0	0	.00	.0	.000	.00	.00
PORTABLE X-RAY	13	23	119.40	5.1	.006	9.18	.03
PROSTHETIST/ORTHOTISTS	11	41	2,880.39	70.2	.011	261.85	.78
PROSTHETICS	11	41	2,880.39	70.2	.011	261.85	.78
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	5	12	206.99	17.2	.003	41.40	.06
SPEECH AND AUDIOLOGY	23	44	2,362.56	53.6	.012	102.72	.64
HOSPICE SERVICES	13	429	56,454.53	131.6	.115	4342.66	15.19
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	70	866	9,131.32	10.5	.233	130.45	2.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	182	111,501	20,939.38	.1	.9 30.006	115.05	5.63
@CALIF. CHILDREN SERVICES*	114	2,651	\$ 241,636.63	\$ 91.1	.5 .713	\$ 2119.62	\$ 65.03
@XOVER EXCLUDING STATE HOSP**	522	16,268	\$ 101,726.86	\$ 6.2	15 4.378	\$ 194.88	\$ 27.38

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,237 01/29/04

MONITURE ATTENDACE

					MO	NTHLY AVERA	GE
569,438 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	417,001	13,923,691 \$	300,390,475.47	\$ 21.57	24.452	\$ 720.36	\$ 527.52
@PHYSICIANS SERVICES	74,319	320,835 \$	11,524,115.59	\$ 35.92	.563	\$ 155.06	\$ 20.24
OUTPATIENT VISITS	35,101	63,569	2,314,870.45	36.42	.112	65.95	4.07
OFFICE VISITS	17,405	22,836		34.07	.040	44.70	1.37
HOME VISITS	652	793	33,734.22	42.54	.001	51.74	.06
EMERGENCY ROOM	14,604	17,913	1,034,458.31	57.75	.031	70.83	1.82
PREVENTIVE CARE	106	109	4,587.04	42.08	.000	43.27	.01
OB VISITS/COMPRE PERI	2,097	18,801	359,388.39	19.12	.033	171.38	.63
OTHER OUTPATIENT	2,490	3,117	104,674.68	33.58	.005	42.04	.18
INPATIENT VISITS	9,064	47,309	2,747,622.58	58.08	.083	303.14	4.83
HOSPITAL VISITS	7,977	38,731	1,659,027.85	42.83	.068	207.98	2.91
CRITICAL CARE	927	6,648	1,025,578.12	154.27	.012	1106.34	1.80
SNF/ICF/TRANS IP CARE	803	1,930	63,016.61	32.65	.003	78.48	.11
OPHTHALMOLOGICAL SERVICES	1,037	1,330	56,620.67	42.57	.002	54.60	.10
EXAMINATIONS	1,028	1,321	56,451.99	42.73	.002	54.91	.10
SERVICES AND MATERIALS	9	9	168.68	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	5,926	31,399	2,749,936.71	87.58	.055	464.05	4.83
PRINCIPAL SURGEON	4,512	6,795	2,133,965.60	314.05	.012	472.95	3.75
ASSISTANT SURGEON	633	650	119,982.42	184.59	.001	189.55	.21
ANESTHESIOLOGIST	2,214	23,954	495,988.69	20.71	.042	224.02	.87
OUTPATIENT SURGERY	4,161	8,845	692,415.41	78.28	.016	166.41	1.22
PRINCIPAL SURGEON	3,666	4,785	572,947.84	119.74	.008	156.29	1.01
ASSISTANT SURGEON	12	12	1,598.88	133.24	.000	133.24	.00
ANESTHESIOLOGIST	870	4,048	117,868.69	29.12	.007	135.48	.21
DIALYSIS	768	2,669	205,409.70	76.96	.005	267.46	.36
PATHOLOGY	8,710	45,766	263,497.92	5.76	.080	30.25	.46
RADIOLOGY	12,344	24,060	924,793.29	38.44	.042	74.92	1.62
PSYCHIATRY	19	29	881.30	30.39	.000	46.38	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1,252	4,394	143,983.4	4 32.5	.008	115.00	.25
OTHER SERVICES/ALL X-OVERS	29,535	91,465	1,424,084.1			48.22	2.50
@PHARMACY	208,022		63,149,796.1				
PRESCRIPTION DRUGS	204,720	788,023	60,245,211.8			294.28	105.80
SNF/ICF	19,863	124,500 663,523 1,913,288 286,316	7,350,549.6	59.0	.219	370.06	12.91
OUTPATIENTS	185,808	124,500 663,523	52,894,662.2	4 79.7	72 1.165	284.67	92.89
MEDICAL SUPPLIES	18,839	1,913,288	2,904,584.3			154.18	5.10
@DENTIST	54,649	286,316	9,632,380.9	9 \$ 33.6	.503	\$ 176.26	\$ 16.92
VISITS - DIAGNOSTIC	38,862	185,373	2,426,361.3			62.44	4.26
ORAL SURGERY	7,908	18,889	1,067,089.3	3 56.4	.033	134.94	1.87
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	1,674	18,889 1,929	42,188.7	5 21.8	19 .033 37 .003 35 .001 17 .005 97 .012 94 .097 91 .000 38 .018 20 .001 32 .000 96 .000	25.20	.07
ANESTHESIA	298	301	28,700.0	95.3	.001	96.31	.05
PERIODONTICS	2,968	3,056	422,250.0	138.1	L7 .005	142.27	.74
ENDODONTICS	3,869	6,696	910,450.6	5 135.9	.012	235.32	1.60
RESTORATIVE DENTISTRY	18,376	55,500	3,387,894.4	5 61.0	.097	184.37	5.95
PROSTHETICS	250	266	7,185.0	27.0	.000	28.74	.01
DENTURES, STAYPLATES	3,595	266 10,255 308 79 4	1,167,825.7	7 113.8 0 99.2	.018	324.85	2.05
SPACE MAINTAINERS	253	308	30,554.0	99.2	.001	120.77	.05
MAXILLOFACIAL SERVICES	77	79	5,831.4	2 73.8	.000	75.73	.01
FRACTURES, DISLOCATIONS	4	4	.0). C	.000	.00	.00
ORTHODONTIC SERVICES	1,505	1,860	134,591.2	5 72.3	.003	89.43	.24
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	1,326	1,800	1,459.0			1.10	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR 3	JAN 2003 THRU 1	DEC 2003	PAGE 2,238
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
CONTRA COSTA COUNT	SUMMARY OF SER	VICES FOR TOTAL CE	RTIFIED				
©OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES ©CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER						ONTHLY AVERA	
569,438 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE		COST UNITS/DAY		COST PER
		OR DAYS OF CARE			DAY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5,398	15,495	322,109.0				
DIAGNOSTIC AND ANC. PROCED	2,168	2,202	99,942.2			46.10	.18
EYE APPLIANCES	4,079	12,444	203,809.7			49.97	.36
OTHER OPTOMETRIC SERVICES	524	849	18,356.9			35.03	.03
@CHIROPRACTOR	202	386	6,038.4				
VISITS	185	343	5,720.0			30.92	.01
OTHER SERVICES	17	43	318.3			18.73	.00
@PODIATRIST	5,361	8,068	91,724.3				
MEDICINE/INJECTIONS	991	1,187	30,891.2			31.17	.05
SURGERY/ANES.	304	341	6,544.0			21.53	.01
RADIO./PATHOLOGY	4 225	93 6,447	1,651.2			25.80	.00
OTHER	4,225	6,44/	52,637.7			12.46	.09
WHOME HEALIH AGENCY	929	61,244	1,948,402.4 42,671.0	31.8			
NURSE ANESIHESISI	389	1,337		31.9		\$ 109.69	
NURSE MIDWIFE	26	72 : 2 : 3 : 3 : 3 : 3 : 3 : 3 : 3 : 3 :	10,029.4				\$.02 \$.00
PEDIAIRIC NURSE PRACIIIIONER	. 4	2 86					\$.00
FAMILY NURSE PRACILITIONER	44	242 477	68,241,343.3			\$ 35.38	
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	42,884	57,196	,			5 1591.30	111.67
HOSP INPALLENT TOTAL	9,030		63,589,712.5				
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	6,138	32,836 12,570	42,321,200.2 19,432,456.1			6894.95 10179.39	74.32 34.13
MOIN-USC HOSPITAL TOTAL	1,909		6,486,903.1			3403.41	11.39
ACCOMMODATIONS	1 006					3403 41	⊥⊥59
ADMINIDIKALIVE DAID	1,906	12,570					
TO ANCIPTOMAL TO CADE	1,906 338	3,600	783,705.9	4 217.5	.006	2318.66	1.38
TRANSITIONAL IP CARE	1,906 338 0	3,600	783,705.9	4 217.5	.006 .000	2318.66	1.38
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	1,906 338 0 1,606	3,600 0 8,970	783,705.9 .0 5,703,197.2	4 217.5 0 .0 1 635.8	.006 .000 .000 .016	2318.66 .00 3551.18	1.38 .00 10.02
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1,906 338 0 1,606 1,898 1,781	3,600	783,705.9	4 217.7 0 .0 1 635.8 3 .0	70 .006 00 .000 31 .016 00 .000	2318.66	1.38

186,281

9,513 2,517

57,728

35,072

6,172 2,071

10,426

.00

398,750.30 103,585.73

590,607.37

4,651,630.83

.00

24.97

41.92

41.15

10.23

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

.00

132.63

64.61

50.02

56.65

.00

8.17

.70

.18

1.04

.000

.327

.017

.004

.101

RADIOLOGY ROOM USE	7,456 18,199	12,048 24,859	841,384.66 915,352.69	69.84 36.82	.021	112.85 50.30	1.48 1.61
CROSSOVERS/ALL OTH OUTPTNT	19,539	79,616	1,801,950.08	22.63	.140	92.22	3.16
@COUNTY HOSPITAL TOTAL	4,251	20,831	\$ 14,098,832.73	\$ 676.82	.037	\$ 3316.59	\$ 24.76
CO HOSPITAL INPATIENT TOTAL	3,089	14,586	13,906,849.08	953.44	.026	4502.06	24.42
HSC HOSPITALS	2,847	11,852	13,283,515.62	1120.78	.021	4665.79	23.33
NON-HSC HOSPITALS TOTAL	49	831	411,245.54	494.88	.001	8392.77	.72
ACCOMMODATIONS	49	831	190,672.05	229.45	.001	3891.27	.33
ADMINISTRATIVE DAYS	47	820	186,432.44	227.36	.001	3966.65	.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	11	4,239.61	385.42	.000	2119.81	.01
ANCILLARIES	49	0	220,573.49	.00	.000	4501.50	.39
INPATIENT CROSSOVERS	217	1,903	212,087.92	111.45	.003	977.36	.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,199	6,245	191,983.65	30.74	.011	160.12	.34
MEDICAL	326	463	17,718.77	38.27	.001	54.35	.03

SURGERY PATHOLOGY RADIOLOGY ROOM USE	221	307 2,159 304 1,128 1,884		10.554.11		34.38	.001	47.76		.02
PATHOLOGY	445	2,159		31,113.54		14.41	.004	69.92		.05
RADIOLOGY	186	304		30,047.04		98.84	.001	161.54		.05
ROOM USE	725	1.128		48.071.88		42.62	.002	66.31		.08
CROSSOVERS/ALL OTH OUTPTNT	548	1,884		54,478.31		28.92	.003	99.41		.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES N	MONTH-OF-PAYMENT F	REPO	RT FOR JAN 2	2003 THRU I	DEC 2003	P^{I}	AGE 2,239
MOP024	FEE-FOR-SERVICE									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERV	ICES FOR TOTAL C	ERTI	IFIED						
							MC	NTHLY AVERA	GE -	
569,438 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			Ρ	ER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39,064	222,646	\$	54,142,510.63	\$	243.18	.391	\$ 1386.00	\$	95.08
COMM HOSP INPATIENT TOTAL	6,646	42,610		49,682,863.45		1165.99	.075	7475.60		87.25
HSC HOSPITALS	3,350	20,984		29,037,684.62		1383.80	.037	8667.97		50.99
NON-HSC HOSPITALS TOTAL	1,864	11,739		19,021,210.64		1620.34	.021	10204.51		33.40
ACCOMMODATIONS	1,861	11,739		6,296,231.10		536.35	.021	3383.25		11.06
ADMINISTRATIVE DAYS	293	2,780		597,273.50		214.85	.005	2038.48		1.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,604	8,959		5,698,957.60		636.12	.016	3552.97		10.01
ANCILLARIES	1,853	0		12,724,979.54		.00	.000	6867.23		22.35
INPATIENT CROSSOVERS	1,566	9,887		1,623,968.19		164.25	.017	1037.02		2.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	34,040	180,036		4,459,647.18		24.77	.316	131.01		7.83
MEDICAL	5,870	9,050		381,031.53		42.10	.016	64.91		.67
SURGERY	1,854	2,210		93,031.62		42.10	.004	50.18		.16
PATHOLOGY	10,011	55,569		559,493.83		10.07	.098	55.89		.98
RADIOLOGY	7,282	11,744		811,337.62		69.09	.021	111.42		1.42
ROOM USE	17,562	23,731		867,280.81		36.55	.042	49.38		1.52
CROSSOVERS/ALL OTH OUTPINT	19,027	77,732		1,747,471.77		22.48	.137	91.84		3.07
@STATE HOSPITAL	12	435	\$	250,846.82	\$	576.66	.001	\$ 20903.90	\$.44
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	12	435		250,846.82	4.	576.66	.001	20903.90	4.	. 44
@NURSING FACILITY	20,118	595,914	\$	71,376,117.31	\$	119.78	1.046	\$ 3547.87	\$	125.34
LEV A-INTERMEDIATE	42	1,698		120,978.05		71.25	.003	2880.43		.21
LEV B-REHAB MD	304	9,541		1,130,149.84		118.45	.017	3717.60		1.98
LEV B-SUBACUTE FREESTANDING	47	1,449		729,556.09		503.49	.003	15522.47		1.28
LEV B-SUBACUTE HSPTL BASED	180	6,229		2,836,809.67		455.42	.011	15760.05		4.98
LEV B-TRANSITIONAL IP CARE	10.564	0		.00		.00	.000	.00		.00
©COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT ©STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED ©NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR ©INTERMEDIATE CARE FACILDD ICF DDH ICF DDD	1 202	5/6,99/	ė.	00,558,623.66	4	115.35	1.013	3402.10	д	116.88
@INIERMEDIATE CARE FACILDD	1,382	43,422	Ş	6,725,405.51 4,197,391.19	Ş	154.88	.0/6	\$ 4800.43	Ş	11.81
TCL DDH	949	29,000		4,19/,391.19		141.80	.052	4518.18		.00
TCL DD	453	12.000		.00		.00	.000	.00		.00

@HEMODIALYSIS TOTAL 3,052 52,675 3,086,949.61 \$ 58.60 .093 \$ 1011.45 5.42 179 392.43 5017.49 HOSPITAL BASED 14 70,244.88 .000 .12 3,038 52,496 3,016,704.73 57.47 .092 992.99 5.30 HEMODIALYSIS CENTER 693 9,773 \$ 136,576.81 13.97 .017 \$ 197.08 .24 @REHABILITATION FACILITY \$ HOSPITAL BASED 298 948 32,472.62 34.25 .002 108.97 .06 INDEPENDENT FACILITY 395 8,825 .015 263.55 104,104.19 11.80 .18 11,149 44,791 628,454.39 .079 56.37 @LABORATORY FACILITY \$ 14.03 \$ 1.10 PATHOLOGY 10,981 44,495 624,805.51 14.04 .078 56.90 1.10 XO AND OTHERS 179 296 3,648.88 12.33 .001 20.38 .01 @ORGANIZED OUTPATIENT CLINIC 140,233 250,018 50,174,355.97 200.68 .439 357.79 88.11 1,350,647.99 CLINIC 8,630 43,303 31.19 .076 156.51 2.37 174 SURGICENTER 405 34,382.40 84.89 .001 197.60 .06 82 953 10,845.76 11.38 .002 132.27 .02 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 132,125 205,357 48,778,479.82 237.53 .361 369.18 85.66 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,240 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TOTAL CERTIFIED

2,528,014.32

182.90

.024

5580.61

4.44

13,822

453

ICF DDN/DDCN

						1.1	ONTILLI AVEICA	101	
569,438 ELIGIBLES	USERS	UNITS OF SERVICE	£	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	£		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	60,474	9,288,034	\$	13,041,566.83	\$ 1.40	16.311	\$ 215.66	\$	22.90
DURABLE MED. EQUIP.	3,522	20,145		2,111,497.11	104.81	.035	599.52		3.71
BLOOD BANK	6	1,848		5,544.00	3.00	.003	924.00		.01
HEARING AID DISPENSERS	291	398		153,618.93	385.98	.001	527.90		.27
MEDICAL TRANSPORTATION	9,299	286,968		1,968,346.75	6.86	.504	211.67		3.46
AMBULANCES/AIR TRANS	6,545	63,807		946,195.92	14.83	.112	144.57		1.66
OTHER TRANS	2,767	221,438		904,501.75	4.08	.389	326.89		1.59
OTHER SERVICES	310	1,723		117,649.08	68.28	.003	379.51		.21
ACUPUNCTURE	1,052	3,896		68,764.39	17.65	.007	65.37		.12
ADULT DAY HEALTH CARE CTR	1,978	25,185		1,747,961.91	69.40	.044	883.70		3.07
GENETIC DISEASE TESTING	2,107	2,111		217,109.75	102.85	.004	103.04		.38
IHMC, MODEL-NF, NF, AIDS, MSSP	1,364	28,243		1,327,186.38	46.99	.050	973.01		2.33
OCCUPATIONAL THERAPIST	2	2		36.08	18.04	.000	18.04		.00
OPTICIAN	10,819	25,120		285,375.80	11.36	.044	26.38		.50
PHYSICAL THERAPIST	9	25		216.68	8.67	.000	24.08		.00
PORTABLE X-RAY	394	716		4,843.53	6.76	.001	12.29		.01
PROSTHETIST/ORTHOTISTS	1,033	3,256		313,659.32	96.33	.006	303.64		.55
PROSTHETICS	910	3,109		302,514.83	97.30	.005	332.43		.53
ORTHOTICS	126	147		11,144.49	75.81	.000	88.45		.02
PSYCHOLOGIST	292	791		18,679.16	23.61	.001	63.97		.03
SPEECH AND AUDIOLOGY	1,844	5,295		364,565.88	68.85	.009	197.70		.64
HOSPICE SERVICES	453	10,863		1,396,022.28	128.51	.019	3081.73		2.45
NONINST BIRTHING CENTERS	0	0		39.32	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	15,584	149,374		1,368,238.35	9.16	.262	87.80		2.40
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	14,480	8,723,798		1,689,861.21	.19	15.320	116.70		2.97
@CALIF. CHILDREN SERVICES*	7,536	176,622	\$	19,254,990.58	\$ 109.02	.310	\$ 2555.07	\$	33.81
@XOVER EXCLUDING STATE HOSP**	41,526	570,189	\$	7,799,890.14	\$ 13.68	1.001	\$ 187.83	\$	13.70

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.